



Employee Termination Form

Submit form via fax to 208-575-6423 OR request a secure email from Admin@iii-a.org.

Prepared by: _____ Agency: _____

- Termination of employee/retiree or qualified dependent(s) may be done retroactively up to two months.
- If any claims have been incurred during the time of retroactive termination, the employee, retiree or dependent will be responsible for any amounts paid.
- Benefits are terminated at the end of the termination month (e.g., term date Dec 15, Benefits then term Dec 31)
- Listing an employee termination will automatically terminate ALL of their dependents.

List Employee / Retiree / Dependent Below to TERMINATE ALL BENEFITS:

Social Security Number	Employee (Last Name, First Name)	Termination Date	Termination Code

Termination Codes/COBRA Eligibility		
01	Death	COBRA Eligible
02	Employee Resignation	COBRA Eligible
03	Involuntary Termination (misconduct/not a fit for position)	COBRA Eligible
04	Involuntary Termination (reduction of hours/position eliminated)	COBRA Eligible
05	Never Effective	Not COBRA Eligible
06	Retiring	COBRA Eligible
07	Retiring – Moving to Retiree plan	Not COBRA Eligible

For retiree plan, check with III-A to make sure you have established retiree coverage. List below names on retiree plan and coverage (medical, dental, vision):

QUESTIONS? Call the III-A Benefits Manager at 208-938-8199 or email admin@iii-a.org.