



TERMINATION REQUEST FORM

Timber Products Manufacturers Trust
951 E 3rd Ave, Spokane, WA 99202
(509) 535-4646 phone (509) 533-1947 fax Enrollments@tpmrs.com

EMPLOYEE INFORMATION							
Group Name:				Group Number:			
Employee Name:			SSN:		Phone:		
Employee Current Address:							
City:			State:		Zip:		
Date of Hire:				Original Date of Coverage:			
MEMBER INFORMATION							
Relationship to Employee	Last Name	First Name	MI	Social Security Number	Date of Birth	Gender	
						Male	Female
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							
Child							
TERMINATION REASON							
☐ Involuntary Termination	☐ Reduction of Hours		☐ Ineligible Dependent		☐ Medicare Entitlement		
☐ Gross Misconduct Termination	☐ Death of Employee		☐ Employee Disability		☐ Lay Off		
☐ Voluntary Termination	☐ Divorce/Legal Separation		☐ Employee Retired		☐ Leave of Absence- Military		
☐ Leave of Absence	☐		☐		☐		
Date of Qualifying Event: _____				Coverage Termination Date: _____			
Is there a Severance Package for COBRA? ☐ No ☐ Yes (explain) _____							
Does a dependent have a different mailing address? ☐ No ☐ Yes - If Yes, complete the following:							
Dependent's Name (Last, First MI) _____							
Dependent mailing address: _____							
_____ Company Representative Signature				_____ Signature Date			