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							

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