



# EMPLOYEE TERMINATION NOTICE

(For Termination Only, Not Change-of-Status or Waiver)

School District Name \_\_\_\_\_ Group No. \_\_\_\_\_

Note: Do not use this form to drop dependents or to change status from active employment to retirement; **for those changes, please use a MUST Change Form.**

Employee's Full Name and Last Known Address	Employee's Social Security Number	Date of Qualifying Event*	Type of Qualifying Event**
			<input type="checkbox"/> VOLUNTARY
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			<input type="checkbox"/> INVOLUNTARY

\* **Date of Qualifying Event:** The exact date the employee became ineligible for coverage (i.e., last date employee worked as an eligible employee). All terminations are effective at the end of the month.

\*\***Qualified Events:** Termination of employment (employee); retirement (employee); death; hourly reduction (ineligibility).  
**Voluntary Termination** means the employee resigned or quit. This voids eligibility for COBRA subsidies.  
**Involuntary Termination** means the employee was fired or laid-off. This does not include a reduction in work hours. Involuntarily terminated employees are eligible for the subsidy except in the case of gross misconduct, in which case they are ineligible for COBRA.

Please send completed form(s) to:

**Montana Unified School Trust**  
**Attn: Enrollment Specialist**  
 P.O. Box 4579  
 Helena, MT 59604

Questions?
<b>Phone:</b> 1-800-845-7283
<b>Fax:</b> 1-406-442-4161
<b>E-mail:</b> contact@ms-sf.org