



Employer Request for Partial Month Termination Credit

**Complete and fax or email to GBAC within 72 hours of the employee termination date.
Note: The form will not be accepted via U.S. mail.**

Fax: 866-935-1327

Email: gminnocci@gbac.com

Effective October 1, 2009, Connecticut law (Public Act 09-126) allows employers to terminate an employee's medical coverage under a group health insurance policy 72 hours after termination of employment if the following conditions are met:

- **The employee voluntarily terminates, OR**
- **The employer terminates the employee for reasons other than layoff, AND**
- **This employer request for credit is received by GBAC within 72 hours of the employee's termination date**

Please be aware that if you elect this termination of coverage and credit for premium, it is your obligation to remit to the terminated employee any amounts paid by him/her toward their coverage for this prorated period.

How to Apply for the Credit

1. Cancel coverage as usual
2. Complete this form and submit it by fax or email to **GBAC**

Only completed forms sent via fax or email that are received within 72 hours of the employee's termination date will be processed. **If this form is received after the 72 hour period, the credit request will not be processed.**

Please print legibly

Employer Name: _____ Group Number: _____

Employee Name: _____

Employee Cert No.: _____
(found on monthly bill)

Employment termination date: _____

Date contract terminates and medical premium credit applied: _____
(3 calendar days after employment termination date)

I have notified the above employee of their termination date and agree to refund to them any contributions they have made toward medical coverage for this prorated period.

Employer Signature: _____

Employer Name (print): _____