

## Retiree Termination of Coverage Form

This form should only be completed for Rehired Retirees hired in a full-time non-permanent position and are now eligible for health coverage under the Employing Unit

E-mail completed forms **securely** to [hbr.inquiries@nctreasurer.com](mailto:hbr.inquiries@nctreasurer.com). If you do not have the ability to e-mail this form securely, please go to <http://nctreasurer.shp.leapfile.net/>. Follow the instructions [here](#).

The following section must be completed to process the termination:

Today's Date: \_\_\_\_\_ Date Rehired Retiree Began Working FT: \_\_\_\_\_

Retiree is returning to work in a non-permanent position: Yes      No

Choose the Plan the Retiree is being offered: 70/30 or 80/20      HDHP

Agency Name \_\_\_\_\_ HBR Contact Name \_\_\_\_\_

HBR E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

### SUBSCRIBER'S PERSONAL INFORMATION

Record name and mailing address	Telephone Number
Employee SS# or SHP Member ID#	

TO BE COMPLETED BY STATE HEALTH PLAN **ONLY IF RETIREE IS BEING OFFERED COVERAGE**

Date Received: \_\_\_\_\_ Termination Complete \_\_\_\_\_ Member Letter Complete \_\_\_\_\_

SHP Representative Name: \_\_\_\_\_