UHA HEALTH INSURANCE

Member Termination Form

Review Member Termination Instructions on the next page **before** filling out this form.

You can also manage your employee's information through UHA's Online Enrollment Services! *See instructions for details.*

INSTRUCTIONS: Use this form to terminate benefit plans for subscribers and/or their family members.

1

Group Name: ______ Group/Division #: ____ / ____

Prepared By: ______ Contact Number: ______ Page: ___ of ___

MEMBERS

List the members that are no longer eligible for benefits. * By selecting a "Subscriber" option, it will terminate plan for the whole family.

2

Check ONE: ☐ **Subscriber*** ☐ **Spouse/Civil Union Partner** ☐ **Dependent Child**

Member ID: ________ - __ Plan Term Date: __ / __ / ____ (Last day of the month)

Last Name: ______

First Name: ______

Check ONE: ☐ **Subscriber*** ☐ **Spouse/Civil Union Partner** ☐ **Dependent Child**

Member ID: ________ - __ Plan Term Date: __ / __ / ____ (Last day of the month)

Last Name: ______

First Name: ______

Check ONE: ☐ **Subscriber*** ☐ **Spouse/Civil Union Partner** ☐ **Dependent Child**

Member ID: ________ - __ Plan Term Date: __ / __ / ____ (Last day of the month)

Last Name: ______

First Name: ______

Check ONE: ☐ **Subscriber*** ☐ **Spouse/Civil Union Partner** ☐ **Dependent Child**

Member ID: ________ - __ Plan Term Date: __ / __ / ____ (Last day of the month)

Last Name: ______

First Name: ______

The Group Administrator for the Member Group certifies by signature below that the information provided above is the most current and accurate information and the information complies with the Enrollee eligibility and termination requirements in the contract between UHA and Member Group. Eligibility requirements include that the subscriber is a bona fide “regular employee” as defined by the Hawaii Prepaid Healthcare Act (HRS Chapter 393) and any dependent is an Eligible Dependent of the subscriber. The Group Administrator understands that UHA may terminate coverage for any ineligible Enrollee upon confirmation of ineligibility. If UHA finds enrollment of Enrollee(s) to be based on False Statements, coverage for the Member Group and/or the Enrollee(s) may be retroactively terminated. For retroactive termination, UHA shall return all premiums paid for the time period after the termination date and the Member Group and/or ineligible Enrollee(s) shall return any benefit payments made by UHA for the same time period.

3 **Group Administrator Signature:** ______ **Date:** ______

NOTE: Verifiable digital signatures with date stamp and name of signor accepted as well as certain electronic signatures.

Prepared By: (Print Name) ______ Contact Number: ______

Member Termination Instructions

① **GROUP INFORMATION:**
Enter the group name and the eight-digit group/division number.
Provide the name of the person preparing this form and contact phone number.
If multiple pages are being submitted, indicate the page number(s).

② **TERMINATION INFORMATION:**
One subscriber per row.
For each row, provide a subscriber member ID and full name.
Select the member that will be terminated from the plan.

- Selecting the subscriber will terminate the plan for the whole family.
- If terminating spouse, civil union partner, or dependent, make the appropriate selection and provide the member's full name.

Provide the month and year of the termination. Termination will fall on the last day of the month selected.

③ **GROUP ADMINISTRATOR SIGNATURE:**
Form must be signed and dated by an authorized group administrator. Capitalized words in this section are defined in the Agreement for Group Health Plan, which is the contract between UHA and the Member Group.

To ensure proper processing, all required fields must be completed and proper documentation submitted. Mail, fax or email completed forms with necessary documentation to:

UHA Employer Services
700 Bishop Street, Suite 300
Honolulu, HI 96813-4100

Toll-free fax: (877)222-3198

Email: ES@uhahealth.com

You can also conveniently submit changes for employee information through **UHA's Online Enrollment Services**. Termination of employees and dependents takes approximately one business day. Please note that retroactive terminations **cannot** be added through the Online Enrollment Services System.

To sign up, complete the **Online Employer Access Authorization and Certification Form** (uhahealth.com/wp-content/uploads/online-agreement-auth-cert-form.pdf) or contact us for more information.

If you have any further questions contact Employer Services.
Phone: (808) 532-4007; Toll-free phone: (800) 458-4600 Ext. 299; ES@uhahealth.com