VOLUNTARY TERMINATION OF DEPENDENTS

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>EMPLOYEE ID</th>
<th>BIRTHDATE</th>
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MAILING ADDRESS
CITY
STATE
ZIP CODE

The Fresno Unified School District Employee Health Care Plan Booklet allows employees/retirees to voluntarily drop/terminate their covered dependent spouse, domestic partner, and/or child(ren) outside of the annual Open Enrollment period if such spouse/domestic partner, and/or children gain other coverage and proof of other coverage is submitted to the Benefits Department. The dependent(s) will be terminated at the end of the month in which the request was made, or the last day of the month prior to the month the other coverage began, whichever is later.

Please note, a voluntary termination from plan coverage is not a qualifying event for continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You will not be allowed to add voluntarily terminated dependents back onto your plan(s) until the annual Open Enrollment period, or if a Special Enrollment event occurs such as loss of eligibility from other coverage. Please refer to the Health Care Plan Booklet for additional information on HIPAA Special Enrollment rights.

To request voluntary termination of one or more of your dependents, fill out the section below. Check the box for every plan you are requesting to voluntarily terminate for each dependent.

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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship</th>
<th>Health</th>
<th>Dental</th>
<th>Vision</th>
<th>Dependent Life</th>
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EMPLOYEE SIGNATURE __________________________________________ DATE __________

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FOR INTERNAL USE ONLY

Status (circle one): Approved  Denied

Termination Date: __________

Denied Reason: ________________________________________________

Technician initials: ______

Supervisor initials: ______

Date: __________

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