Fresno Unified School District
Achieving our Greatest Potential!

VOLUNTARY TERMINATION OF DEPENDENTS

LAST NAME	FIRST NAME	EMPLOYEE ID	BIRTHDATE
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.

First Name	Last Name	Relationship	Health	Dental	Vision	Dependent Life
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

EMPLOYEE SIGNATURE_____ **DATE** _____

FOR INTERNAL USE ONLY

Status (circle one): Approved Denied

Termination Date: _____

Denied Reason: _____

Technician initials: _____

Supervisor initials: _____

Date: _____