

# PHBP Termination Notice

Participating Employer Name: \_\_\_\_\_

Notice is hereby given by the above named Participating Employer of Termination of its Participation in the below indicated coverages provided by the PHBP per the terms the Participation Agreement (PA). Please check all that apply:

Staff Coverage Staff Coverage will terminate at the end of the month following 30 days from the Plan's receipt of this Notice. The final month of coverage must be paid by the 15th of the preceding month.  
Note: Freelance Participation will continue, and the Participation Agreement is still in full force and effect.

Freelance Contributions Note: Termination of Freelance Contributions requires the termination of the Participation Agreement in its entirety. Staff coverage will terminate at the end of the month of expiry of the PA.

Explanation:  Production Company Closing

Termination of AICP General Membership

Decline to renew Participation Agreement - requires 30 days notice prior to the end of the current term of Participation (December 31st.) Effectively, termination of the PA must be provided no later than Dec. 1st to terminate Participation in the Plan on Jan. 1.

Decline to accept amendments to the Participation Agreement - if the Plan amends the Participation Agreement, the Employer will be given 30 days notice to allow comments on the proposed amendments, after such time the Plan will advise the Employer of any revisions made in light of the Employer's comments. The Employer has 15 days to decline to accept the proposed revised amendments and terminate participation in the Plan.

## Important Note

In the event you are terminating Staff Employee Coverage, your staff employees will not be eligible for Federal COBRA continuation coverage. They will receive a HIPAA Certificate of Creditable Coverage, which can be shown to their new health plan to demonstrate their coverage under the PHBP.

Company Name \_\_\_\_\_

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Questions? Contact the Plan Executive Director at 323-960-4781

Please submit completed Termination Notices to: Barry.Osharow@BeneSys.com and SeanC@PHBP.org