

PHBP Termination Notice

Participating Employer Name: _____

Notice is hereby given by the above named Participating Employer of Termination of its Participation in the below benefits provided by the PHBP per the terms of its Participation Agreement (PA) in paragraph 6. Please check all that apply:

Staff Coverage Only Staff Coverage may be terminated at the end of the policy year (calendar year) or on sixty (60) days written notice to the Plan. While an employer may not terminate freelance participation and yet maintain staff coverage, an employer may continue its freelance coverage and participation in the Plan after terminating staff coverage.

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

For any reason upon 60 days prior written notice to the Plan, Provided that such notice may not be given by the Participating Employer for the first 60 days after the effective date of the Agreement.

Decline to accept amendments to the Participation Agreement - if the Plan amends the Participation Agreement, the Employer will be given 30 days to either accept the new terms or reject them in writing. If rejected, the Agreement will terminate on the date the changes are effective.

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 _____ Date _____

Name _____ Title _____

Questions? Contact the Plan Executive Director at SeanC@phbp.org