




# Terminating coverage

Retirement, Disability and Death  
2024

1

---

---

---

---

---

---

---

---

## Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
  - [Benefits Administrator Manual](#); and
  - [Insurance Benefits Guide](#).
- The plan of benefits documents and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA.

2

---

---

---

---

---

---

---

---

## Manage subscribers

**Manage Subscribers**

Action

SSN

**Manage Subscriber**

**Enroll**

SSN:

Group:

Enrollment is used for adding new subscribers to your group.

**Change**

SSN:

Use Change to modify current subscribers within your group.

**Terminate**

SSN:

Terminate allows you to drop coverage for a subscriber.

3

---

---

---

---

---

---

---

---

### Termination details

Terminate Coverage Review

SSN: 55445555    Employer Group ID: 532100  
 Name: ROLLO LOTHROK    Subscriber Type: ACTIVE - REGULAR -PT

Please check the coverage statuses to terminate

Coverage	Status	Description	Effective Date
Health/State Life/LTD	Active	SAVINGS PLAN - Enrollee	03-01-2017
Tobacco	Terminated		03-01-2017
Dental	Active	Enrollee	03-01-2017
Dental Plus	Terminated		03-01-2017
Vision	Terminated		03-01-2017
Dependent Life Child	Terminated		03-01-2017
Dependent Life Spouse	Terminated	Age Grp: ... Cov. Level:	03-01-2017
Optional Life - Primary	Active	Age Grp: 25 - 35    Cov. Level: 10000	03-01-2017
Supplement LTD	Active	Age Grp: 31 - 40 Option: 90	03-01-2017

Reason for Termination: Choose One

Date of Termination from Employment: [mm] [dd] [yyyy]  
 Last Day of Earned Compensation: [mm] [dd] [yyyy]  
 Date of Final Paycheck: [mm] [dd] [yyyy]

Reasons for Termination:

- Choose One
- Death
- Left Employment
- Retired
- Disability Retired
- Transfer
- Reduction in Hours

Note: The "Reduction in Hours" reason is for those who are voluntarily dropping benefits.

PEBA Academy | employer training    4

4

---

---

---

---

---

---

---

---

### Review and apply

Account Name: EBS ADMIN | Log Out HGUAT    Cancel Apply  
 Group ID: F500000 - F500000

Terminate Coverage Review

SSN: 55445555    Employer Group ID: 532100  
 Name: ROLLO LOTHROK    Subscriber Type: ACTIVE - REGULAR -PT

Type of Coverage	Status Change From To	Effective Date Change
Health	Active → Terminated	03-01-2017 → 06-01-2017
Dental	Active → Terminated	03-01-2017 → 06-01-2017
Optional Life	Active → Terminated	03-01-2017 → 06-01-2017
Supplement LTD	Active → Terminated	03-01-2017 → 06-01-2017

Reason for Termination: **Left Employment**

**Certification:**  
By submitting this transaction I attest that the termination reason is accurate to the best of my knowledge. The employee has been offered either COBRA, disability or service retirement information, and/or any other pertinent information regarding continuation or conversion of coverage according to his/her reason for termination. Furthermore, this employee and all internal departments have been notified that the insurance coverage(s) has been terminated. The employee has been advised that claims will not be honored after the effective date of termination.

Notification of the termination has been sent to the Flexible Benefits Administrator if the employee was a Medical Spending Account participant.

Check one or more for appropriate options offered to the employee:

COBRA  
 Retiree  
 Conversion  
 Portability

PEBA Academy | employer training    5

5

---

---

---

---

---

---

---

---

### Summary of Termination

Account Name: EBS ADMIN | Log Out HGUAT    Manage Subscribers  
 Group ID: F500000 - F500000

**Manage Subscriber**  
Coverage Termination Successful for SSN: 554455555 - Reprint SOT

**PEBA Insurance Benefits**  
**Summary of Termination**

Type of Coverage	Status Change	Effective Date Change
Health	Active to Terminated	03-01-2017 to 04-01-2019
Dental	Active to Terminated	03-01-2017 to 04-01-2019
Vision Care	Active to Terminated	01-01-2014 to 04-01-2019
Dependent Life Child	Active to Terminated	01-01-2014 to 04-01-2019
Optional Life	Active to Terminated	01-01-2018 to 04-01-2019
Supplement LTD	Active to Terminated	01-01-2018 to 04-01-2019
Phenix Pharmacy	Active to Terminated	01-01-2018 to 04-01-2019

Reason for Termination: **Left Employment**  
Last Day Worked: 03-09-2019

**Certification:**  
By submitting this transaction I attest that the termination reason is accurate to the best of my knowledge. The employee has been offered either COBRA, disability or service retirement information, and/or any other pertinent information regarding continuation or conversion of coverage according to his/her reason for termination. Furthermore, the employee and all internal departments have been notified that the insurance coverage(s) has been terminated. The employee has been advised that claims will not be honored after the effective date of termination.

Options offered to the employees:

COBRA  
 Retiree  
 Conversion  
 Portability

PEBA Academy | employer training    6

6

---

---

---

---

---

---

---

---

### Terminating coverage

- Send COBRA notification, available at [peba.sc.gov/forms](http://peba.sc.gov/forms).
- Service and disability retirement.
  - Provide employee with [Retiree Packet](#) and life event checklist.
  - MetLife will mail continuation and/or conversion forms directly to retiree, if applicable.
- Terminations.
  - MetLife will mail a conversion form directly to employee.
  - Request Long Term Disability conversion material from The Standard, if applicable.
- Death.
  - Provide survivor with enrollment forms and life event checklist.

7

---

---

---

---

---

---

---

---

---

---

### Terminating coverage

- If you do not submit the termination in EBS, submit the [Active Termination Form](#) to PEBA.
  - Resigned, terminated from employment or not eligible (T5).
  - Service retirement (T7).
  - Disability retirement (T2).
  - Death (T1).
- Delays in processing might occur for paper form submissions.

8

---

---

---

---

---

---

---

---

---

---

### Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

9

---

---

---

---

---

---

---

---

---

---