SMALL BUSINESS
Association of MICHIGAN
Focusing the power of small business.

NOTICE TO TERMINATE/CANCEL INDIVIDUAL'S COVERAGE

PLEASE COMPLETE AND RETURN TO:

To: The SBAM Plan
c/o Grotenhuis
588 3 Mile Road NW, Ste 101
PO Box 140167
Grand Rapids, MI 49514-0167

Telephone: (877) 949 - SBAM
(877) 956 - SBAM

Fax (616) 949 - 2502
Toll Free Fax (877) 329 - 2844

From: Group Name: _____ CID#: _____

Group Number: _____ /SBAM Number _____ SBAS Administering COBRA? Yes ☐ No ☐

Coverage Terminations/Cancellations

	Subscriber Name	Contract Number (SS #)	Last Date of Coverage	Please check the coverage terminated for each subscriber				Please check the reason for termination of the subscriber			
				DN Life	DN STD	DN LTD	Other	Left Employment	Retired	Death	Other (please explain)
1				☐	☐	☐	☐	○	○	○	
2				☐	☐	☐	☐	○	○	○	
3				☐	☐	☐	☐	○	○	○	
4				☐	☐	☐	☐	○	○	○	
5				☐	☐	☐	☐	○	○	○	

Reminders
1. Please send appropriate insurance carrier(s) forms (including BCN)
2. Termination of coverages will be effective as of the date given above
3. Notice of termination must be received within 30 days of event or full credit may not be given by insurance carrier

Signature: _____ **Date:** _____
(Person responsible for employee records)

11/22/2016

This form may be duplicated as required