**2016-17 TLC Group Adjustment Form**

**How do I terminate/cancel a participant’s coverage?**

Use the TLC Group Adjustment Form dated 01-2016 found on the TLC Website under the Forms link to terminate coverage for a participant. Remember, participants are employees, retirees, survivors, and extended coverage/COBRA qualified beneficiaries. When you terminate coverage for a participant, all covered family members are automatically terminated. Be sure to process terminations timely.

**Note: If the participant is moving to COBRA or Retiree coverage, use the TLC Enrollment Form dated 01-2015, not the TLC Group Adjustment Form. By checking “Initial Enrollment” on the enrollment form, the prior coverage is terminated / cancelled. You need not submit both forms.**

**FORMS received at DHRM by the 6th of a month will be reflected on the upcoming monthly bill.**

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| **Action****Code** | **BES ID (SSN)** | **Enrollee’s Last Name** | **Enrollee’s First Name** | **Receive Date****MM/DD/YYYY** | **Term/Event Date****MM/DD/YYYY** | **Effective Date****MM/DD/YYYY** |
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Action Code: T1 Terminate coverage - Participant is no longer eligible.

 Use the last day of coverage (always the end of a month) as the Event Date and the following day as the Effective

 Date Use last day eligible as Event Date.

T2 Terminate coverage - Death of enrollee.

 Use date of death as Event Date and the first day of the following month as the Effective Date. If coverage is provided for one extra month to survivors, use the first of the following second month as the Effective Date.

**Group Authorization:**

🞏 I certify that the information on this form and in the required supporting documentation is complete and accurate to the best of my knowledge.

Date Sent to DHRM: Month:\_\_\_\_\_\_\_Day:\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_\_\_\_ TLC Group Number:\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( )\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14th St Fl 13, Richmond, VA 23219