**2017-18 Group Adjustment Form** 

The Local Choice Program

Use the 2017-18 TLC Group Adjustment Form 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 2017-18 TLC Enrollment Form, not the 2017-18 TLC Group Adjustment Form. By checking “Initial Enrollment” on the enrollment form, the prior coverage is terminated / cancelled. You need not submit both forms.**

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

 Use the last day eligible for coverage as the Event Date and the end of that month as the Term Date.

 For example, if the last day worked is 3/25/XX, use 3/25/XX as the Event Date and 3/31/XX as the Term Date. Coverage always ends the last day of a month.

T2 Terminate coverage - Death of participant.

 Use date of death as Event Date and the end of that month as the Term Date. If coverage is provided to survivors for one extra month, use the end of that month as the Term 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