



Group termination request form

Thank you for your participation in Geisinger Health Plan (GHP) employer group coverage. In order to terminate your group's coverage, please return this form to your broker or assigned account executive. If you have any questions, the GHP sales department can be reached at [800-554-4907](tel:800-554-4907).

Group name			
Group number			
Requested termination date			
New insurance type (please choose one)	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> None
New employer group insurance carrier name			
Percentage difference of new premium			
Reason for termination (help us understand why)			

Off-cycle termination policies

Small groups (ACA-compliant)

Termination requires 30 days notice for off-cycle terminations, and 15 days for renewal effective date terminations. Groups are not permitted to terminate retroactively.

Large groups

Terminations requires 90 days notice for off-cycle terminations, and 15 days for renewal effective date terminations. Groups are not permitted to terminate retroactively.

Geisinger Funding Alternative (GFA) groups

Terminations require 30 days notice for on-cycle terminations. Groups are not permitted to terminate retroactively.

By signing below, I hereby authorize my group coverage to be terminated.

Group contact name: _____

Title: _____

Group contact signature: _____

Date: _____

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.