



Employer Request for Premium Credit

Please complete and **e-mail or fax** this form to us **within 72 hours** of the employee's termination date. **This form will not be accepted by mail.**

E-mail: *groupservices@oxfordhealth.com*

Fax: 1-888-454-0386 (for large groups of 51+)

If this form is received after the 72 hours, the group will not be eligible for a premium credit.

Effective October 1, 2009, Connecticut Public Act No. 09-126 provides employers (with fully insured health plans) an election to terminate an employee's medical insurance coverage under a group health insurance policy 72 hours (3 calendar days) after termination of employment. The law applies to an employee who:

- Voluntarily terminates employment **or**
- Is terminated for any reason other than layoff, or relocation or closing of a covered establishment

If the employer elects to request a credit of the employee's (and dependents) pre-paid premium, this form must be completed and e-mailed or faxed within 72 hours of the employee's termination date. **If this form is received after the 72-hour period, the credit request will not be processed.**

Please print the following information:

Group Name:
Group ID Number:
Member Name:
Member ID:
Employee Termination Date:
Employee Termination Reason:
Benefits Administrator Name:
Signature of Benefits Administrator:
Date Signed:

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