



**Termination Notification Form**  
**LINDSEY WILSON UNIVERSITY**

**Please submit forms to:**

Aspirant  
500 N. Hurstbourne Pkwy Ste. 100  
Louisville, KY 40222

Toll Free: 855-982-2583  
Email: [eligibility@aspirant.us](mailto:eligibility@aspirant.us)

Employee Name	SS# or Member ID	Date of Birth
Address	City	State Zip

**Date of Termination:** \_\_\_\_\_

**Reason:**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> End of Employment                | <input type="checkbox"/> Voluntary                   | <input type="checkbox"/> Involuntary |
| <input type="checkbox"/> Reduction in Hours of Employment | <input type="checkbox"/> Voluntary                   | <input type="checkbox"/> Involuntary |
| <input type="checkbox"/> Death of Employee                | <input type="checkbox"/> Divorce or Legal Separation |                                      |
| <input type="checkbox"/> Entitlement to Medicare          | <input type="checkbox"/> Loss of Dependent Status    |                                      |
| <input type="checkbox"/> Leave of Absence                 |  |                                      |

**Type of Coverage:**

- |          |  |  |  |                                 |
|----------|--|--|--|---------------------------------|
| MEDICAL: | <input type="checkbox"/> CORE          | <input type="checkbox"/> BUY UP            |  |                                 |
|          | <input type="checkbox"/> EMPLOYEE ONLY | <input type="checkbox"/> EMPLOYEE & SPOUSE | <input type="checkbox"/> EMPLOYEE & CHILD(REN) | <input type="checkbox"/> FAMILY |
| DENTAL:  | <input type="checkbox"/> CORE          | <input type="checkbox"/> BUY UP            |  |                                 |
|          | <input type="checkbox"/> EMPLOYEE ONLY | <input type="checkbox"/> EMPLOYEE & SPOUSE | <input type="checkbox"/> EMPLOYEE & CHILD(REN) | <input type="checkbox"/> FAMILY |
| VISION:  | <input type="checkbox"/> LOW OPTION    | <input type="checkbox"/> HIGH OPTION       |  |                                 |
|          | <input type="checkbox"/> EMPLOYEE ONLY | <input type="checkbox"/> EMPLOYEE & SPOUSE | <input type="checkbox"/> EMPLOYEE & CHILD(REN) | <input type="checkbox"/> FAMILY |

	<u>Dependent Name</u>	<u>Date of Birth</u>	<u>SSN</u>
Spouse:	_____	_____	_____
Child 1:	_____	_____	_____
Child 2:	_____	_____	_____
Child 3:	_____	_____	_____
Child 4:	_____	_____	_____

Please note that terminations cannot be made in Aspirant's system or in the Pharmacy Benefit Manager's system until Aspirant has been notified of a termination. Pharmacy claims incurred on late terminations cannot be recouped.

\_\_\_\_\_  
**Employer Representative Signature**

\_\_\_\_\_  
**Date**