

**SOUTH DAKOTA SCHOOL DISTRICT
BENEFITS FUND
BASIC/SUPPLEMENTAL LIFE INSURANCE**

EMPLOYEE TERMINATION

SCHOOL : _____

NAME: _____ **PHONE:** _____

S.S. #: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

EMPLOYMENT TERMINATED: YES NO

TERMINATION EFFECTIVE DATE: _____

COVERAGE AT TERMINATION: BASIC _____

SELF _____

SPOUSE _____

CHILD(ren) _____

TERMINATION OF COVERAGE ONLY NOT EMPLOYMENT

_____ **Supplemental Life**

_____ **Basic Life**

FAXED TO COMRISK: YES NO (basic life only)

FAX #: (602) 308-0809

OTHER INFORMATION _____
