

## **Pet** Assure Termination Form

Approved termination forms can be emailed to <a href="mailto:enroll@petassure.com">enroll@petassure.com</a> or faxed to 877-788-7387.

## **Termination #1**

Employee ID or Social Security Numb	oer:
Pet Assure Member ID Number:	
Employer Name:	HR Approval (Please Initial):
Гoday's Date:	Termination Date:
First Name:	Last Name:
What is the reason for this request	??
Employee terminated	Employee on leave Employee opting out
Other	
Portability Pet Assure plans are por	table at the same rate.
Yes, please contact this employee	e regarding plan transfer.
Phone: ( )	Email:*
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nination #2 Employee Information	oer:
mination #2 Employee Information Employee ID or Social Security Number:	oer:
mination #2  Employee Information  Employee ID or Social Security Number  Pet Assure Member ID Number:  Employer Name:	oer:  HR Approval (Please Initial):
mination #2  Employee Information  Employee ID or Social Security Number  Pet Assure Member ID Number:  Employer Name:	oer: HR Approval (Please Initial): Termination Date:
mination #2 Employee Information Employee ID or Social Security Number Assure Member ID Number: Employer Name: Foday's Date: Employee First Name:	oer: HR Approval (Please Initial): Termination Date: Last Name:
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mination #2  Employee Information  Employee ID or Social Security Number Assure Member ID Number:  Employer Name:  Employee First Name:  What is the reason for this request  Employee terminated	oer:  HR Approval (Please Initial):  Termination Date:  Last Name:  Employee on leave
mination #2  Employee Information  Employee ID or Social Security Number Assure Member ID Number:  Employer Name:  Foday's Date:  Employee First Name:  Employee First Name:  Other  Other	oer:  HR Approval (Please Initial):  Termination Date:  Last Name:  Employee on leave
mination #2  Employee Information  Employee ID or Social Security Number Assure Member ID Number:  Employer Name:  Employee First Name:  What is the reason for this request  Employee terminated	Der: HR Approval (Please Initial):  Termination Date: Last Name:  Employee on leave