

# Retiree Termination of Coverage Form

For Rehired Full-time Retirees Eligible  
for Health Coverage Under the Employing Unit

**E-mail completed forms securely to [hbr.inquiries@nctreasurer.com](mailto:hbr.inquiries@nctreasurer.com). If you do not have the ability to e-mail this form securely, please go to <http://nctreasurer.shp.leapfile.net/>. Follow the instructions [here](#).**

The following section must be completed to process the termination.

Today's Date:

Date Rehired Retiree Became Eligible for Health Coverage:

Agency Name:

HBR Contact Name

HBR E-mail Address

Phone

## SUBSCRIBER'S PERSONAL INFORMATION

Record name and mailing address	Telephone Number
	Employee SS# or SHP Member ID#

### TO BE COMPLETED BY STATE HEALTH PLAN

Date Received:

Termination Complete

Member Letter Complete

SHP Representative Name: