PEIP Employee Termination Form

Minnesota Public Employees Insurance Program

Section 1: Employer Information

Employer Name	
Contact Person	
Phone	
Email	

Section 2: Employee Information

Employee Name	
Social Security Number	
Date of Birth	
Address	
Phone	

Section 3: Coverage Termination Information

Reason for Coverage Termination	☐ **Termination of Employment** ☐ **Reduction in Hours Resulting in Loss of Eligibility** ☐ **Leave of Absence Resulting in Loss of Eligibility** ☐ **Retirement** ☐ **Entitlement to Medicare** ☐ **Death** ☐ **Other** (Explain: _____)
Event Date	
Coverage End Date *(End of Month Date Required)*	

Section 4: Employer Signature

I certify that the information provided on this form is accurate and complete. I further certify that the employee has been informed of their rights under the Minnesota Government Data Practices Act and the Federal Privacy Act, and that the required data practices notice printed on the reverse side of this form has been provided to the employee.

Employer Signature: _____ Date: _____

For Employer Use

There are laws to protect your rights to: INFORMATION AND PRIVACY

Several state and federal laws aid in protecting your right to privacy and make it easier for you to review information in your insurance file. Under one of these laws, the **Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43)**, you have the right to know:

A. Why the information is needed:
The information we request about you, your employment, and family members is needed for one or more of the following reasons:

- Determine whether you are eligible for the Minnesota Public Employees Insurance Program (PEIP).
- To establish the amount of insurance coverages you and/or your family members are eligible for.

B. Your rights regarding supplying information:

- **Minnesota Statute 13.04:** You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your application for insurance coverage under the group plan.
- **Federal Privacy Act of 1974 (Public Law 93-579):** Disclosure of your social security number is voluntary. It is requested to identify your records in the Minnesota Public Employees Insurance Program system maintained by the administrative organization responsible for enrollment and claims processing procedures for the Program. It is also used for records maintained by insurance companies. While you are not legally required to furnish this information, processing of your application for group benefits may be delayed without it.

C. Who the information is used by and how it is used:
The information we collect will be used by employees of the Minnesota Public Employees Insurance Program's administrative organization operating the group insurance program, federal and state tax authorities, and will be shared with the insurance carrier(s) and administrator involved in providing your benefits.

Depending on the coverage you request (and are eligible for), information may be used to:

- Provide enrollment and/or change information to your insurance carrier(s) and the Minnesota Public Employees Insurance Program administrative organization so they can provide benefits and pay claims.
- When required, provide underwriting information to insurance carrier(s) necessary to acquire insurance coverage.
- Prepare statistical reports and evaluative studies.

When you are no longer an active participant under the group insurance plan, your file will be kept until state document retention requirements are met.

D. What information you have access to:
You may request in writing to be shown insurance information about yourself that is maintained by your employer.

E. How can you obtain information on your benefit files:
Questions regarding your eligibility, level of coverage, and premium rates should be directed to the designated insurance representative for your employer. Questions regarding medical, dental or life insurance claims should be directed to the specific plan chosen.