



EMPLOYER INSTRUCTIONS FOR TERMINATING EMPLOYEES

An employee terminating employment with your company may be eligible to:

- (1) continue single or family health insurance coverage.
- (2) convert single or family health insurance coverage.
- (3) convert life insurance coverage.

At the time of termination of employment, you must give notice to your employees and complete the following CRL forms:

- (1) Form AEF-GPT36, Notice of Right of Conversion for Eligible Terminated Employees.
- (2) Form AEF-GPT102, Notice of Health Coverage Continuation or Conversion.

To be eligible for continuation of health coverage, the employee must have been continuously covered under your CRL plan, or under the CRL plan and any group plan it replaced, for at least three months and must be entitled to Unemployment Compensation Benefits.

You must fill in the top Employer section, including the employee's name, termination date, reason for termination, your signature and title.

The employee must complete and sign the bottom portion.

If the employee elects to continue the health coverage, the signed form and premium must be received by CRL's Home Office within 60 days after the date coverage would otherwise end.

If the employee elects to convert either the life or health insurance coverage, the application(s) and premium must be received by CRL's Home Office within 60 days of the date of termination of employment.

Give the employee forms AEF-GPT36 and AEF-GPT102. A supply of these forms are included in your Administration Kit. If you have any questions or need additional forms, please call a CRL Customer Service Representative at 1-800-362-0673 (in Ohio) or 1-800-321-3997 (in all other states).