



## Termination of Agreement

TPA Information	
Company Name _____	
Idaho License # _____	FEIN _____
Contact Name _____	Title _____
Address _____ _____	
Phone _____	E-mail _____

Insurer Information	
Company Name _____	
Idaho C of A # _____	NAIC # _____
Contact Name _____	Title _____
Address _____ _____	
Phone _____	E-mail _____

Name of Insurance Coverage \_\_\_\_\_

Effective Termination Date \_\_\_\_\_

Is there any covered person in Idaho at the time of termination? YES  NO

Reason for Termination \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will administer after the termination? \_\_\_\_\_