



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? _____