

## Seminary Student Change Report Termination

Use this form to report terminations of student status, a reduction in credit hours, or other enrollment changes that would result in termination of a seminary student's Concordia Health Plan benefits through the Seminary.

- Please return this form as needed to ensure that all student information and benefit participation remains current. Be sure to complete and sign the form at the bottom.
- Please remind your students to inform us in writing within 60 days when any changes occur in the status of their family members. It is important that we receive changes such as addition or deletion of dependents (i.e., spouse, child) or a change of address, because benefits and participation may be affected. Students may use the "Student Request for Membership Change" form available from our office to report their changes.
- The Seminary will be billed through the end of the month (e.g., withdrew April 1, billed through April 30). Late reporting may require payment beyond the student's termination date.

A SEMINARY INFORMATION								
Please c	check one.		Concordia Seminary		Concordia Theological Seminary			
	801 Seminary Place				6600 North Clinton St.			
	St. Louis, MO 63105				Fort Wayne, IN 46825			
	Phone: 314-505-7000				Phone: 260-452-2100			
	Account SEMSL				Account SEMFW			
B STUDENT PLAN PARTICIPATION TERMINATION INFORMATION								
Complete one form for each student.								
Name (Last, First, Middle Initial)					Student I.D. Number			
Home Ade	dress							
City St			e	Zip Code Home Telephone No		one Number		
Date	Date of Termination*			Termination Reason				
Month	onth Day Year <i>Circle one</i> .							
			1. Graduated	2.	Withdrew	3. Below Seven	(7) Credit Hours	
			4. Non-Resident Stude	ent 5.	Death	6. Other		
*For Dat	a of Tarmin	ation n	lagsa indicata tha data stu	dant status an	ds			
*For Date of Termination, please indicate the date student status ends.								
C SIGNATURE/CONTACT INFORMATION								
X								
Signature of Authorized Seminary Representative					Date			
Printed Name of Authorized Seminary Representative					Title or Office Held			
E-mail Address					Daytime Telephone Number		Fax Number	
Contact Information:								
PO Box 229007 St. Louis, MO 63122-9007				Toll Free: 888-927-7526 St. Louis: 314-965-7580 Fax: 314-996-1127			E-mail: info@ConcordiaPlans.org Website: www.ConcordiaPlans.org	