



# 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                                                                                                                        |     |                          |                                                                                                    |                      |            |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----------------------------------------------------------------------------------------------------|----------------------|------------|-----------------------|
| <i>Please check one.</i> <input type="checkbox"/> Concordia Seminary 801 Seminary Place St. Louis, MO 63105 Phone: 314-505-7000 Account SEMSL |     |                          |                                                                                                    |                      |            |                       |
| <input type="checkbox"/> Concordia Theological Seminary 6600 North Clinton St. Fort Wayne, IN 46825 Phone: 260-452-2100 Account SEMFW         |     |                          |                                                                                                    |                      |            |                       |
| B STUDENT PLAN PARTICIPATION TERMINATION INFORMATION                                                                                          |     |                          |                                                                                                    |                      |            |                       |
| <i>Complete one form for each student.</i>                                                                                                    |     |                          |                                                                                                    |                      |            |                       |
| Name (Last, First, Middle Initial)                                                                                                            |     |                          |                                                                                                    | Student I.D. Number  |            |                       |
| Home Address                                                                                                                                  |     |                          |                                                                                                    |                      |            |                       |
| City                                                                                                                                          |     | State                    |                                                                                                    | Zip Code             |            | Home Telephone Number |
| Date of Termination*                                                                                                                          |     |                          | Termination Reason                                                                                 |                      |            |                       |
| Month                                                                                                                                         | Day | Year                     | <i>Circle one.</i>                                                                                 |                      |            |                       |
|                                                                                                                                               |     |                          | 1. Graduated                      2. Withdrew                      3. Below Seven (7) Credit Hours |                      |            |                       |
|                                                                                                                                               |     |                          | 2. Non-Resident Student                      5. Death                      6. Other _____          |                      |            |                       |
| *For Date of Termination, please indicate the date student status ends.                                                                       |     |                          |                                                                                                    |                      |            |                       |
| C SIGNATURE/CONTACT INFORMATION                                                                                                               |     |                          |                                                                                                    |                      |            |                       |
| <input checked="" type="checkbox"/> Signature of Authorized Seminary Representative                                                           |     |                          |                                                                                                    |                      |            |                       |
| 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](mailto:info@ConcordiaPlans.org)  
Website: [www.ConcordiaPlans.org](http://www.ConcordiaPlans.org)

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