Request for Information - Involuntarily Terminated Insureds ***NOT*** currently covered under Wisconsin Continuation

Name of Employer:				
Group Number				
Contact Person				
Employer Address				
City / State / Zip				
Telephone Number				
Employee Name	**Billing Address**	**Telephone #**	**Social Security Number**	**Date of Involuntary Termination**

For more information on the federal definition of "involuntarily terminated" please refer to the Internal Revenue Service's Notice 2009-27, Q-A 1–9 at [http://www.irs.gov/pub/irs-drop/n-09-27.pdf]