CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

GROUP REMITTANCE REPORT
TERMINATIONS ONLY

DISTRICT NAME: _____ **FOR THE MONTH OF:** _____ **COMPLETED BY:** _____

DATE TERM	TERM CODE	SOCIAL SECURITY #	LAST NAME, FIRST NAME	CLASS CODE	HEALTH PLAN NAME	HEALTH RATE	DENTAL PLAN NAME	DENTAL RATE	VISION PLAN NAME	VISION RATE	LIFE INSURANCE RATE

NOTE: BE SURE TO INCLUDE A SIGNED ENROLLMENT FORM FOR ALL DEPENDENT TERMINATIONS.

TERMINATION CODES

100: **INVOLUNTARY** TERMINATION	600: LEAVE OF ABSENCE
200: VOLUNTARY RESIGNATION	700: CHANGE IN CLASSIFICATION
300: REDUCTION IN HRS	800: OPEN ENROLLMENT
400: DEATH	900: **INVOLUNTARY** RESIGNATION
500: TERMED DUE TO RETIREMENT	

CLASSIFICATION CODES

01: CERTIFICATED	04: TRUSTEES
02: CLASSIFIED	05: RETIREE
03: MANAGEMENT/CONFIDENTIAL	