Seattle University LEGALLY DOMICILED ADULT (LDA) Termination of LDA Status Form

I,certify and declare that:
(Employee -please print name)
no longer qualifies for coverage as a
(Former LDA -please print name)
Legally Domiciled Adult under Seattle University's policy, as of the following date:
I understand that health care coverage for this individual and the individual's dependents will terminat on the last day of the month in which LDA-eligibility ended.
I make and file this Declaration of Termination in order to cancel the Certification Form that I previously filed with Seattle University as of/
I understand that I can not enroll another LDA until six months after the date of this termination of coverage.
In the event that termination of this relationship is not due to the death of the LDA, I will mail the former LDA a copy of this notice to the following address:
Street
City, Stare, Zip Code
I certify that the above statements are true and correct.
Signature of employee Date