SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

Maintenance Activity Report
Termination of Subscribers Only

Report due on the 15th of each month prior to the effective date

Return to SISC via Secure File Transfer
Drop-Off to SISCHealthActivity@kern.org using https://filetransfer.kern.org

Report Prepared by: _____ Month & Year: _____

I certify that the information provided is true and correct.

Phone No. & E-mail Address: _____ District Name: _____

(Do not abbreviate)

LISTING SUBSCRIBERS BELOW WILL REMOVE THEM FROM ALL PRODUCTS.

Social Security No.	Last Name, First Name	Effective Date	Term Code	Group No.	Explanation if Necessary

Review all adjustments each month on your SISC statement. Retro terminations will only be processed according to SISC guidelines.

Phone: (661) 636-4410
http://sisc.kern.org/hw
Rev. 06/12

Termination Reason Codes
03 Death
07 District Requested Termination/Resignation
11 Never Effective
99 Involuntary Termination
SISC will automatically use a term code of 07 if one is not provided