[Termination-Online Submission](https://aia.aleragroup.com/solutions/broker-solutions/vba-termination/)

**VBA Deletions and Termination**

Top of Form

Complete the form below to request that an employee be removed from VBA coverage.

*All fields are required to process termination requests*

**Terminations must be on the last day of the month; you may terminate employees/dependents up to 60 days prior to today's date.**

* Group Name
* Client ID Number (please refer to invoice)
* Employee Name
* Employee SSN
* Name of Individuals to be deleted/terminated
* DOB of individuals to be deleted/terminated
* Zip Code of person to be deleted/terminated
* Relationship (to employee) of person to be deleted
* Effective date of termination (MM/DD/YYYY)

Employees/dependents terminated on the last day of the month-you may terminate employees/dependents up to 60 days prior to today's date.

* Reason for termination
* Name of person authorizing termination

*By typing your name, you are certifying that you have authority to administer these benefits, your name will act as an electronic signature*

* Phone number at which you can be reached
* E-mail address of person authorizing termination

*A confirmation e-mail will be sent at your attention*

SUBMIT [send to aia\_admin@aleragroup.com]