



27907



# TERMINATION REQUEST FORM

All Subscriber TERMINATIONS must be written on this form to be processed properly. This must be returned within 30 days of the termination event. Any ADDS, CHANGES or TRANSFERS must be requested on an application and MAILED SEPARATELY to the Enrollment and Billing Department at the above address.

Group ID: \_\_\_\_\_

ID Number	Subscriber Name Last Name, First Name, Middle Initial	Termination Date (Coverage Through Date)	Termination Reason	Amount

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Termination Reason	
Cancelled Never Effective	Cancellation Requested by Group
Deceased – Date of Death Required	Subscriber
Left Employ	Other Insurance
Military Service	

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