



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
Deceased – Date of Death Required
Left Employ
Military Service

Cancellation Requested by Group Subscriber Other Insurance

Highmark Blue Shield of Northeastern New York and BlueShield of Northeastern New York are trade names of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

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