

**Only One Employee Per Worksheet**

**Membership Cancellation Worksheet**

Please print clearly. Coverage ends at 11:59 p.m. on the date you indicate. Group Administrator's signature is required.

**Group Administrator's Information**

Group Name \_\_\_\_\_ Group Administrator's Signature \_\_\_\_\_ Date Prepared (MM/DD/YYYY) \_\_\_\_\_

Medical Group #: \_\_\_\_\_ Dental Group #: \_\_\_\_\_ Vision Group #: \_\_\_\_\_

Medical Subscriber ID #: \_\_\_\_\_ Name: \_\_\_\_\_

**Cancel Entire Contract**

<b>Cancel Code:</b>	<b>Medical Cancel Date:</b>
	/ /

**Cancel Dependents Only**

Dependent's Full Name:	DOB:	Cancel Code:	Medical Cancel Date:
			/ /
			/ /

Dental Subscriber ID #: \_\_\_\_\_ Name: \_\_\_\_\_

**Cancel Entire Contract**

<b>Cancel Code:</b>	<b>Dental Cancel Date:</b>
	/ /

**Cancel Dependents Only**

Dependent's Full Name:	DOB:	Cancel Code:	Dental Cancel Date:
			/ /
			/ /

Vision Subscriber ID #: \_\_\_\_\_ Name: \_\_\_\_\_

**Cancel Entire Contract**

<b>Cancel Code:</b>	<b>Vision Cancel Date:</b>
	/ /

**Cancel Dependents Only**

Dependent's Full Name:	DOB:	Cancel Code:	Vision Cancel Date:
			/ /
			/ /

**Subscriber Cancel Codes:**

- SB02-Left Employment
- SB06-Employee No Longer Wants Coverage\* (subscriber request)
- SB07-Deceased SB44-Medicare Eligible (Medicare plan with same employer)
- SB08-Subgroup Transfer\* SB57-Layoff Without Benefits
- SB09-Enrolled in Error\*
- SB58-Change in Employee Eligibility Status

**Dependent Cancel Codes:**

- M010-Overage Dependent
- M013-Ineligible Dependent
- M003-Subscriber No Longer Wants to Cover Dependent\*
- M007-Dependent No Longer Wants Coverage\*
- M011-No Longer a Student
- M004-Enrolled in Error\*
- M002-Deceased\* M005-Divorced
- M014-YA No Longer Qualifies\*
- M009-Marriage
- M008-Moved Out of Area\*
- M040-Medicare Same Group\*

**ADDRESS CHANGE**

Check box if subscriber's address needs to be changed

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.**

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to P.O. Box 21146 Eagan, MN 55121-0146