

Subscriber Termination and Transfer Form

Use this form for billed purchasers to request subscriber/account terminations and/or subscriber/account transfers from one enrollment unit to another within the same purchaser ID and region. **Do not use this form for new subscriber enrollments and/or dependent additions or terminations.**

Purchaser information

Today's date _____

Purchaser name _____

Purchaser/enrollment unit number _____

Billing contact name (please print) _____ Telephone number (_____) _____

E-mail address (optional) _____ Fax number (_____) _____

Check here if billing contact information is new

Termination or transfer requests (refer to the processing rules on page 2)

Subscriber name	Subscriber medical record number	Subscriber Social Security number	Termination or transfer effective date <i>(see page 2)</i>	Termination or transfer reason code <i>(select from table below)</i>	Indicate new enrollment unit <i>(required for transfers only)</i>

Termination reason codes

1–Employment terminated	3–Leave of absence	5–Military duty	7–Enrolled in error	9–Subscriber requested
2–Subscriber retired	4–Layoff	6–Subscriber deceased	8–Loss of disabled status	

Transfer reason codes

(refer to page 2 for additional information)

10–Open enrollment plan changes 11–Change in geographic service area*	12–Loss of coverage: <ul style="list-style-type: none"> Spouse or dependent loss of coverage Reaching lifetime maximum 	13–Employment status change: <ul style="list-style-type: none"> Start or termination of employment of the employee's spouse Start of, or return from, leave of absence Change from salaried to hourly or vice versa Change from part-time to full-time or vice versa Employee retirement Strike or lockout Significant change in health coverage of the employee or spouse attributable to the spouse's employment 	14–Marital status change:† <ul style="list-style-type: none"> Marriage Death of employee's spouse Divorce or annulment Legal separation 	15–Dependent status change:† <ul style="list-style-type: none"> Birth Adoption or placement for adoption Death of dependent child Newly eligible dependents due to employer change in eligibility rules Dependent loss of eligibility due to age, student status, or marriage
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*For transfer reason code 11, submit a completed Group Enrollment/Change Form signed by the subscriber providing the new address.

†For transfer reason codes 14 or 15, submit a completed Group Enrollment/Change Form signed by the subscriber if adding or removing a dependent(s) from the subscriber's account. Refer to page 2 for additional information.