

Individual Insurance Coverage Termination Form

Maryland, Washington, D.C. and Northern Virginia
(Not for coverage obtained through Virginia's Insurance Marketplace)



Mail Administrator
P.O. Box 14651, Lexington, KY 40512
Fax: 410-505-2901 or toll-free 800-305-1351

This is not an application for insurance

SECTION 1: SUBSCRIBER INFORMATION			
Subscriber's Last Name	Subscriber's First Name	M.I.	
Residence Address (Street)			
Residence County	City	State	ZIP Code
Phone Number () -			

SECTION 2: PLAN INFORMATION	
Subscriber ID (Exclude the first three letters from your ID)	Requested Date to Terminate Plan (mm/dd/yyyy) / / (Unless due to death, date must be the last day of the month you want coverage to end)
Select the Plan(s) to be Terminated	
Medical: Group Number	Dental: Group Number

SECTION 3: REASON FOR TERMINATION		
Reason for Termination of Plan (Requested termination date subject to terms and conditions of Subscriber's member contract)		
Coverage too expensive	Going to Medicare	Military coverage
Divorced	Left employment	Moved out of state/coverage area
Elected other coverage	Marriage	Other: _____
Death (You must include a copy of an authorized death certificate with this form.)		

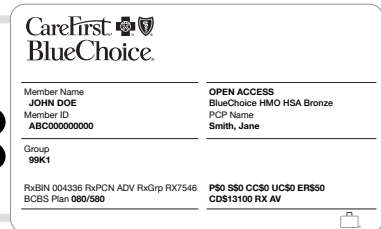
SECTION 4: SUBSCRIBER/PARENT OR LEGAL GUARDIAN SIGNATURE	
Subscriber's Signature	Date (mm/dd/yyyy) / /

FOR OFFICE USE ONLY	
Re-sign and re-date below only if checked	
Subscriber's Signature	Date (mm/dd/yyyy) / /

We need 7–10 business days to complete your request. **Need help? Give us a call!** If you need assistance, please call the Member Service telephone number on the back of your member ID card. Please have your member ID card available.

Where can I find my Member ID Number and Group Number?

- 1 Member ID Number**—this is the number providers will ask for to verify your coverage
- 2 Group Number**—identifies your plan



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Individual Insurance Coverage Termination Form Guidelines

Before you start, please note: This form is used to cancel a POLICY. Do not use this form to make changes to your dependents on an existing policy you wish to keep. Use this form to cancel the following health insurance coverage:

- Medical, dental, vision coverage if you enrolled directly through CareFirst.
- Medical, dental coverage if you enrolled via the Maryland or DC Health Exchanges.

This form cannot be used to cancel the following health insurance coverage:

- If you currently have coverage through your employer; you must work with your Human Resources department and/or plan administrator to terminate your coverage.
- If you are enrolled via Virginia's Insurance Marketplace, please contact the Marketplace to terminate your coverage.
- If a subscriber is deceased and enrolled via the Exchange, please contact the appropriate Exchange to cancel subscriber's policy.

Below is the most recent contact information.

	NAME	WEBSITE	CUSTOMER SUPPORT
MD	Maryland Health Connection	marylandhealthconnection.gov	855-642-8572
D.C.	DC Health Link	dchealthlink.com	855-532-5465
VA	Virginia's Insurance Marketplace	marketplace.virginia.gov	888-687-1501

Termination effective dates

Request cancellation by the last day of the month you want your coverage to end.

Note: If you fail to pay premiums for the coverage period prior to your termination date, your coverage may be terminated due to non-payment.

Retroactive termination requests

Retroactive terminations, i.e., termination dates in the past, are only permitted in the event of the subscriber's death. A copy of the subscriber's death certificate must be submitted with this Termination Form.

Cancelling a termination request

If you submit a termination form but then decide to keep your coverage, it may be possible to withdraw your termination request. Please note:

- You cannot withdraw a termination request if you have coverage through the Maryland or DC Health Exchanges.
- For coverage obtained directly from CareFirst
 - The withdraw request must be received by CareFirst in writing.
 - If you are enrolled in a grandfathered plan (you enrolled in a plan before March 23, 2010), you may not be able to re-enroll in that grandfathered plan after coverage is terminated.

Coverage change due to open enrollment

Switching plans during Open Enrollment does NOT automatically cancel your current coverage. Termination requests must be submitted for the following:

- Changing and switching from an On-Exchange individual plan to an Off-Exchange individual plan—or vice versa.
- Switching to an employer plan.
- Changing health insurers.
- Moving out of state.

If you do not terminate your old plan by December 31, your premium payment for that plan will be due on January 1.