PRESBYTERIAN Health Plan, Inc.

Individual Member Voluntary Termination Form

Please use this form for Individual Plan member terminations. If you have any questions, please call Presbyterian Customer Service Center at 505-923-5678 or toll-free 1-800-356-2219, Monday through Friday, 7:00 am – 6:00 pm.

RETURN INFORMATION

Email: enrollmentdept@phs.org	**Fax:** (505) 923-8252	**Mail:** Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489

MEMBER INFORMATION

Primary Policy Holder's Name:		Member ID:	
Address:		Social Security Number:	
City/State:	Zip Code:	Phone Number:	Email:

TERMINATION REQUEST

[Members enrolled on an Exchange/Marketplace Plan (Group # IN500000) may only request to terminate the Entire Policy. If you need to only terminate a dependent, please contact the Exchange/Marketplace directly at 1-800-318-2596.]

☐ Entire Policy - All members

☐ Subscriber Only – Spouse/Dependents will keep coverage **with**: ☐ Bank or Credit Card Authorization on file ☐ New Bank or Credit Card Authorization

☐ Spouse and/or Dependents Only (complete section below)

First Name	Last Name	MI	DOB MM/DD/YY	Gender	Relationship to Subscriber	Requested Termination Date Month/Year

REASON FOR TERMINATING POLICY

☐ Rates too high	☐ Moved to another carrier:
☐ Dissatisfied with service	☐ Moved to another carriers Individual plan:
☐ Dissatisfied with benefits	☐ Eligible for Employer group coverage or Medicare with Presbyterian
☐ Moved out of service area	Effective date:

I understand terminations are effective on the last day of the month only. **I understand** that if this form is received on or before the 25th of the month, coverage will terminate at the end of the same month. If this form is received after the 25th of the month, coverage will terminate at the end of the following month. **I understand** that submission of this form is not a guarantee that the premium draft will be cancelled by the 25th of the month (or following business day).

Print Name of Policy Holder (or legal guardian)

x

Signature **Required** of Policy Holder (or legal guardian)

Today's Date