

## Individual & Family Plan - Voluntary Termination Form

Use this form for Off Exchange Individual and Family Plan member terminations. If you have any questions please call: Presbyterian Customer Service Center at **1-855-923-7528**, Monday through Friday 7 a.m. – 6 p.m.

**Do Not Use This Form** if enrolled On Exchange through **BeWellnm**, contact them directly at **1-833-862-3935** to submit any changes.

RETURN INFORMATION				
<b>By Fax:</b> (505) 923-5888		<b>By Mail:</b> 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				
1. <input type="checkbox"/> Entire Policy - All members 2. <input type="checkbox"/> Spouse and/or Dependents Only (complete dependent information in section below) 3. <input type="checkbox"/> Subscriber Only – Spouse/Dependents will keep coverage <b>with</b> : <input type="checkbox"/> Bank or Credit Card Authorization on file <input type="checkbox"/> New Bank or Credit Card Authorization				
Name (First and Last)	DOB mm/dd/yyyy	Gender Male/Female	Relationship to Subscriber	Termination Date Month/Year
REASON FOR TERMINATING POLICY				
<input type="checkbox"/> Rates too high		<input type="checkbox"/> Moved to a different insurance Group plan (name):		
<input type="checkbox"/> Dissatisfied with service		<input type="checkbox"/> Moved to a different insurance Individual plan (name):		
<input type="checkbox"/> Dissatisfied with benefits		<input type="checkbox"/> Moved to a different Presbyterian Group, Medicaid, or Medicare plan (effective date):		
<input type="checkbox"/> Moved out of service area				

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

Print Name of Policy Holder or Legal Guardian	<b>X</b> Signature <b>Required</b> of Policy Holder or Legal Guardian	Today's Date
Print Name of Spouse	<b>X</b> Signature <b>Required</b> of Spouse	Today's Date

For information on Presbyterian Health Plan's Nondiscrimination Notice, go to <https://www.phs.org/nondiscrimination>.