



BlueShield
of Northeastern New York

40 Century Hill Drive, Latham, New York 12110

Termination Request Form

<p>All subscriber terminations must be written on this form and submitted within 30 days of the termination event to be processed properly.</p> <p>Any additions, changes, or transfers must be requested on an application and mailed separately to the Enrollment and Billing department at the above address.</p>	<p>Account Specialist: _____</p> <p>Group ID: _____</p> <p>Subgroup ID: _____</p> <p>Group Name: _____</p>
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ID Number	Subscriber Name	Termination Date	Termination Reason Code	Amount Subtracted from Invoice

Completed by: _____ Date: _____ Phone: _____

Termination Reason Codes			
ST21	Cancelled, never effective	ST47	Cancellation requested by group or subscriber
ST24	Deceased, date of death is required	ST51	Other insurance
ST31	Left employment/Retired		
ST34	Military service		