

Completed by:

1 Cameron Hill Circle Chattanooga, TN 37402-0001 bcbst.com

TERMINATION

PLEASE USE BLUE OR BLACK INK ONLY

Plan	Use Only
Rec:	Dental

TRM-09

- CONFIDENTIAL -

By submission of this form, the group certifies that, if any termination of coverage date supplied will result in a retroactive termination, such termination is in compliance with the Patient Protection and Affordable Care Act.

INSTRUCTIONS: Complete Section: 1 to terminate Employee/Elect Continuation Coverage

- 1 to terminate Employee and all Dependents/Elect Continuation Coverage for Employee and all Dependents
- 1 & 2 to terminate Employee/Elect Continuation Coverage for Some Dependents
- 2 to terminate Specific Dependents/Elect Continuation Coverage

If you purchased COBRA Administration from BlueCross BlueShield of Tennessee, do not complete this form. Instead, complete the COBRA Coverage Continuation Notice (CCN) online at bcbst.com.

	ODOUBNAME	r date, iii out Employee Emoliment warver	BLUECROSS BLUESHIELD OF TN BILL	INC ACCOCIATE	
GROUP NO.	GROUP NAME		BLUECKOSS BLUESHIELD OF TN BILL	ING ASSOCIATE	
1 2 3 3 4 7	Tusculum College				
Section 1 - Employee Termination					
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	IDENTIFICATION NO.		TERMINATION DATE OF COVERAGE
					0 3 / 3 1 / 2 0 1 4
COVERAGE TO TERMINATE:	☐ DENTAL				
REASON: TERMINATION OF EN	IPLOYMENT REDUCTION IN HOURS	NO LONGER ELIGIBLE EMPLOYEE	□ DEATH □ MEDICARE ELIGIBLE	□ OTHER	OPEN ENROLLMENT QUALIFYING EVENT DATE 03 / 31 / 2014
It is a crime to knowingly provide fa	alse, incomplete or misleading information t	o an insurance company for the purpo	se of defrauding the company. Penalties	s include impris	conment, fines and denial of coverage.

Phone Number:

I WISH TO CHANGE TO SUBSCRIBER ONLY COVERAGE. APPLIES TO DENTAL DO NOT LIST SPOUSEDEPENDENT(S) USED BELOW. DEPENDENT TO TERMINATE ONLY THE SPOUSEDEPENDENT (S) USED BELOW. DEPENDENT LIST NAME DEPENDENT FRIST NAME DEPENDENT SOULD SECURITY NO. DATE OF BRITH TERMINATION DATE DENTAL DO NOT LIST SPOUSEDEPENDENT(S) USED BELOW. DEPENDENT SOULD SECURITY NO. DATE OF BRITH TERMINATION DATE DEATH OF DEATH	Section 2 - Spouse / Dependent(s) Termination								
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