

## Individual & Family Plan - Voluntary Termination Form

Please use this form for Individual & Family Plan member termination requests. If you have any questions please call:  
Presbyterian Customer Service Center at 1-800-356-2219, Monday through Friday 7 a.m. – 6 p.m.

**Federal Marketplace Members - Do Not Use This Form - Please call the Marketplace directly at 1-800-318-2596.**

RETURN INFORMATION				
<b>By Fax:</b> (505) 923-8252		<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 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 another carrier:		
<input type="checkbox"/> Dissatisfied with service		<input type="checkbox"/> Moved to another carriers Individual plan:		
<input type="checkbox"/> Dissatisfied with benefits		<input type="checkbox"/> Eligible for Employer group coverage or Medicare with Presbyterian		
<input type="checkbox"/> 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 **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).

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

	<b>X</b>	
Print Name of Spouse	Signature <b>Required</b> of Spouse	Today's Date