



**POLICY TERMINATION FORM**

Per the terms in your policy you may terminate Coverage for yourself and any Enrolled Dependents for any reason **with advance written notice.**

You may use this form to make your request. An incomplete form may delay the processing of your request.

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

Requested Cancellation Date: \_\_\_\_\_

**Subscriber's Termination Request**

- Entire Policy     
  Subscriber only (if Policy includes Dependents)\*\*     
  Dependent(s) Only (list below)

**\*\* If Subscriber only termination, a new enrollment application is required to maintain dependent coverage. Please contact our office for assistance.**

Please list the **Dependent Individuals** to be terminated from the policy. **Use additional paper if needed.**

Last Name	First Name	Middle Initial	Member ID#

**Termination Reason**

In order for Community Health Choice, Inc. to accurately report Health Care Statistics, please provide a reason for the termination by checking the most appropriate box.

<input type="checkbox"/>	Premium Rate	<input type="checkbox"/>	Service provided by Community	<input type="checkbox"/>	Participating Provider Network
<input type="checkbox"/>	Benefits	<input type="checkbox"/>	Moving out of Coverage Area	<input type="checkbox"/>	Eligible for Employer Coverage
<input type="checkbox"/>	New Carrier	<input type="checkbox"/>	No Coverage	<input type="checkbox"/>	Other (see Below)

Other (please explain) \_\_\_\_\_

Member Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A signature must be included for all dependents 18 and older.**

**This form can be returned via Email to [MemberServices@CommunityCares.com](mailto:MemberServices@CommunityCares.com), by Fax to (713) 295-2293- Attn: Fulfillment Department or by mail to Community Health Choice, Attn: Fulfillment Dept., 2636 South Loop West., Suite 125, Houston, TX 77054.**

For questions please contact Member Services at (713) 295-6704 or Toll-Free at (855) 315-5386.