

IMPORTANT INFORMATION

Use this form for billed customers to request subscriber/account terminations and/or transfers from one enrollment unit to another under the same customer ID and region. **Do not use this form for new subscriber enrollments and/or dependent additions or terminations.**

This form is not required if termination is submitted through Online Account Services.

1 COMPANY INFORMATION

Company name		Customer ID/Enrollment unit
Contact name <i>(please print)</i>		Email
Phone number () -		

2 TERMINATION REQUESTS (refer to the processing rules on page 2)

Subscriber(s) name	Subscriber medical record number or Social Security number	Termination effective date <i>(see page 2, #4)</i>	Termination reason <i>(purchaser requested or subscriber deceased)</i>

3 TRANSFER REQUEST(S)

Note: Transfers can only be made for open enrollment plan changes.

Subscriber(s) Name	Subscriber medical record number or Social Security number	Transfer effective date <i>(see page 2, #4)</i>	Indicate new enrollment unit/plan

4 CONTACT INFORMATION

Fax: **858-614-3344** (Northern California) or **858-614-3345** (Southern California)

Email: **csc-sd-sba@kp.org**

Mailing Address:

Kaiser Permanente
 California Service Center
 P.O. Box 23250
 San Diego, CA 92193-3250

Do not mail this form with your payment or processing will be significantly delayed.

5 ADDITIONAL INFORMATION

1. Subscriber terminations and transfers may only be requested by staff authorized by the purchaser to change membership records.
2. Complete all fields.
3. This form **cannot** be used for new subscriber enrollments and/or dependent additions or terminations. New subscriber enrollments and dependent changes require a Group Enrollment/Change Form completed and signed by the subscriber.
4. Refer to your contract for your specific retroactivity policy.
5. Be sure to retain a copy for your records.

Termination effective dates

When a member is no longer eligible for coverage, membership terminates on the last day of that month at 11:59 p.m., *unless your group has an agreement with us to terminate at a time other than on the last day of the month.* For example, a member who terminates employment on December 2 will be covered until December 31 at 11:59 p.m. Pacific time. On this form, you will enter the "Termination effective date" as January 1 because the termination effective date will be the first minute after the member's coverage ended on December 31 at 11:59 p.m.