



Termination Report

Complete this form to show terminations to your account.

PURCHASER NUMBER	ENROLLMENT UNIT
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

PURCHASER NAME	DATE SUBMITTED
CONTACT NAME	AREA CODE & PHONE NUMBER

SUBSCRIBER NAME	SUBSCRIBER SOCIAL SECURITY NUMBER	FAMILY ACCOUNT NUMBER	TERMINATION EFFECTIVE DATE	TERMINATION REASON*

***Termination Reasons:**
 Employment Terminated
 Subscriber Deceased
 Layoff/Leave of Absence
 Retired
 Changed Insurance Carriers
 Never Eligible—Enrolled in Error
 COBRA Time Limit Reached (for Purchaser administrated COBRA only)
 Transfer to Purchaser Administrated COBRA (Attach COBRA election form)
 Transfer to new Purchaser/EU# (Attached signed enrollment form)

Mailing and Fax Addresses:

NORTHERN CALIFORNIA FAX: 858-614-3344 KAISER PERMANENTE P.O. BOX 23219 SAN DIEGO, CA 92193-3219	SOUTHERN CALIFORNIA FAX: 858-614-3345 KAISER PERMANENTE P.O. BOX 23250 SAN DIEGO, CA 92193-3250
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