PRESBYTERIAN Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Individual Member Voluntary Termination Form

Please use this form for Individual Plan member terminations. Terminations are effective on the last day of the month only.

RETURN INFORMATION	
Fax: (505) 923-8252	Mail: Presbyterian Insurance Company, Inc., P.O. Box 26267, Albuquerque, NM 87125-6267 Presbyterian Health Plan, Inc. P.O. Box 27489 Albuquerque, NM 87125-7489
Questions: Please call Presbyterian Customer Service Center at 1-800-923-6980, Monday through Friday 7:00 am – 6:00 pm.	

MEMBER INFORMATION			
Primary Policy Holder's Name:		Member ID:	
Address:		Social Security Number:	
City/State:	Zip Code:	Phone Number:	Email:

TERMINATION REQUEST

☐ Entire Policy - All members
☐ Spouse and/or Dependents Only (complete section below)
☐ Subscriber Only – Spouse/Dependents will keep coverage with: ☐ Bank or Credit Card Authorization on file
☐ New Bank or Credit Card Authorization

First Name	Last Name	MI	DOB MM/DD/YY	Gender	Relationship to Subscriber	Requested Termination Date Month/Year

REASON FOR TERMINATING POLICY	
☐ Rates too high	☐ Moved to another carrier:
☐ Dissatisfied with service	☐ Moved to another carriers Individual plan:
☐ Dissatisfied with benefits	☐ Eligible for Employer group coverage or Medicare with Presbyterian
☐ Moved out of service area	Effective date:

I understand that if this form is received on or before the 25th of the month, coverage will terminate at the end of the same month. If this form is received after the 25th of the month, coverage will terminate at the end of the following month. I understand that submission of this form is not a guarantee that the premium draft will be cancelled by the 25th of the month (or following business day). I understand that I will not be able to reapply for a Presbyterian Individual Plan for six (6) months following my termination date. I agree by signing this form that I consent to the terms and conditions listed on this form.

Print Name of Policy Holder (or legal guardian)	x Signature Required of Policy Holder (or legal guardian)	Today's Date
Print Name of Policy Holder Spouse (or legal guardian)	x Signature Required of Policy Holder Spouse (or legal guardian)	Today's Date
Print Name of Policy Holder Dependent (if over 18 years old)	x Signature Required of Policy Holder Dependent (if over 18 years old)	Today's Date