COMMUNITY Health Options™

Member Termination Form

This form is used to request a policy termination according to the terms of the Member Benefit Agreement. This form must be filled out completely and signed by the Subscriber to properly process the termination request. Members that signed up through the Federally-Facilitated Marketplace (Healthcare.gov) will have to process their termination request through the Marketplace by calling them at 1-800-318-2596.

SUBSCRIBER INFORMATION			
Last Name	First Name	M.I.	Member ID #
Mailing Address			Date of Birth (MM/DD/YYYY)
City	State		Zip Code

Termination Date

As the Subscriber on the above described policy, I request to terminate my coverage effective:

☐ The last day of the current coverage month.
If the request is received prior to the end of the current month, Community Health Options will try to accommodate this request.

☐ The last day of a future month _____
Month, Year

If not specified, the policy termination date will be the end of the month in which the request was received.

Reason for Termination

Please check all that apply:

☐ MaineCare/Medicare Eligibility (Please include proof of eligibility).

☐ Other insurance obtained. Insurer: _____

☐ Moved outside of coverage area.

☐ Death of Subscriber. (Death certificate required)

☐ Other. Please specify: _____

ATTESTATION AND SIGNATURE

I attest that the above information is true and accurate. I understand that any claims incurred after Termination of this policy are not the responsibility of Community Health Options. For consumers that used the Federally-Facilitated Marketplace (FFM), I understand that I may have further responsibilities to terminate my policy through the FFM and Health Options will not fully process this Termination until it receives confirmation of Termination of policy from the FFM.

Print Name	Subscriber Signature	Date
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Send us the completed form:

Mail: Enrollment & Eligibility, Community Health Options, Mail Stop 100, PO Box 1121, Lewiston, ME 04243
Fax: Community Health Options, 207-402-3745 | Email: Enrollment@HealthOptions.org
For Questions Call: 1-855-624-6463