



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 process the termination request. Members who signed up through the Federally Facilitated Marketplace (Healthcare.gov) will need to request termination 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 the above information is true and accurate. I understand any claims incurred after policy termination are not the responsibility of Community Health Options. If I am a consumer with a Federally Facilitated Marketplace (FFM) policy, I understand I may have further responsibilities to terminate my policy through the FFM and Health Options will not process this termination request until a confirmation of policy termination is received from the FFM.

Print Name	Subscriber Signature	Date
		/ /

Send us the completed form by either Mail, Fax or Email

Mail to: Enrollment & Eligibility, Community Health Options, Mail Stop 100, PO Box 1121, Lewiston, ME 04243

Fax to: Community Health Options, 207-402-3745 ♦ Email to: Enrollment@HealthOptions.org

For Questions Call: 1-855-624-6463

Refunds are mailed in the form of a physical check. Refunds will be provided within 30 days of an approved refund request or effective date of termination.

NON-DISCRIMINATION NOTICE

Community Health Options does not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card.

If you feel at any time that we didn't offer these services, or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. If you need help filing a complaint, please contact Nancy Johnson, Assistant Vice President of Compliance and Regulatory Affairs at P.O. Box 1121, Lewiston, ME 04243; by telephone at 1-855-624-6463 TTY/TDD 711; by email at Compliance@healthoptions.org; or by fax to 207-402-3318.

You can also contact the U.S. Department of Health and Human Services at the Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p>French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-624-6463 (TTY/TDD: 711)。</p>
<p>Cushite XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Arabic ة طوولم: اذات نكند حنتر كذاة نلا، نا ف تلمدخ ندعا سولوا نلايةر فونت ك ل نا جلاب. ل صرتا مقر ب 6463-624-855-1 م فر م لنبلاوم صلا ه: 711 TTY/TDD.</p>
<p>Cambodian, Mon-Khmer រូបយក : 100101 បើសិន អ កនិ យូ 100ស ជំនួយផ ក 100 គី ចំ នស បំរើ 100 អ ក ចូរ ទូរស័ព្ទ 855-624-6463 (TTY/TDD: 711)។</p>	<p>Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-624-6463 (телефакс: 711)</p>	<p>Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1855-624-6463 (TTY/TDD: 711).</p>
<p>German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Thai อื้อยง: ถาคุดมพดภาษาไทยคุดมสามารถไซบรการชวยเท ลอทางภาษาไดฟรื่อโทร 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Nilotic-Dinka PIŊ KENE: Na ye jam nè Thuonjan, ke kuony yenè koc waar thook atɔ̄ kuka lëu yök abac ke c'in wënh cuatë piny. Yuopë 1-855-624-6463 (TTY/TDD: 711).</p>
<p>Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-624-6463 (TTY/TDD: 711)번으로 전화해 주십시오.</p>	<p>Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-624-6463 (TTY/TDD: 711) まで、お電話にてご連絡ください。</p>

CONFIDENTIALITY NOTICE: This communication and its information is intended only for the use of the individual to which it is addressed. If you have received this communication in error, please notify us immediately at 855.624.6463. This communication and its information may be protected by federal and/or state privacy and mental health/substance abuse confidentiality rules including but not limited to HIPAA and 42 CFR Part 2. You are hereby notified that any disclosure, dissemination, distribution or copying of this communication or its information is strictly prohibited unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.