COMMUNITY Health Options®

Member Termination Form

This form is used to request a policy termination according to the terms of the *Member Benefit Agreement*. All fields must be completed to properly process a termination request, including the subscriber's signature. If coverage was purchased through CoverME.gov, contact the Marketplace at (866) 636-0355 to terminate the policy.

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 (Copy of death certificate required).

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 signed up through CoverME,gov, I understand that I may have further responsibilities to terminate my policy through CoverME.gov, and Health Options will not fully process this termination until it receives confirmation of termination of policy from CoverME.gov.		
Print Subscriber Name	Subscriber Signature	Date
		/ /

Send the completed form to:

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: (855) 624-6463