



BlueCross BlueShield
of Western New York

257 West Genesee Street, Buffalo, NY 14202

TERMINATION REQUEST FORM

All Subscriber TERMINATIONS must be written on this form to be processed properly. This must be returned within 30 days of the termination event.

Any ADDITIONS, CHANGES or TRANSFERS must be requested on an application and MAILED SEPARATELY to the Enrollment and Billing Department at the above address.

Account Specialist: _____

Group ID: _____

Group Name: _____

ID Number	Subscriber Name Last Name, First Name, Middle Initial	Termination Date (Coverage Through Date)	Termination Reason Code	Amount Subtracted From Invoice

Completed by _____ Date _____ Phone _____

Termination Reason Codes

ST24	Deceased – Date of Death Required	ST47	Cancellation Requested by Group Subscriber
ST31	Left Employ	ST51	Other Insurance
ST34	Military Service		