Lifetime BENEFIT SOLUTIONS
333 Butternut Drive
Syracuse, NY 13214
1-800-356-1029
LifetimeBenefitSolutions.com

Member Termination Request Form

Instructions: Please complete with your information, including signature and return to terminate coverage. If you have any questions, please contact our Customer Service Department at 1-800-828-0078 during business hours. Additional documentation may be requested for retroactive termination requests.

Submit the completed Request Form to Lifetime Benefit Solutions in the way most convenient for you. Email the form directly to LBSMember@lifetimebenefitsolutions.com or mail to 333 Butternut Drive, Syracuse, New York 13214

Healthcare coverage for you and your family is important and we understand that the associated cost can be a financial challenge. Opportunities may be available for low-cost and/or subsidized plans on the individual market rather than through COBRA. We encourage you to visit the Healthcare Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596 to consider which option is most suitable and affordable for you.

Name: Date of Birth:

Member ID: Last 4 Digits of Social Security:

Former Employer Name:

Requested Termination Date:

Reason for Termination: ☐ Other Coverage* ☐ Divorce* ☐ Death*
☐ Other (please provide detail):

*For Other Coverage, Divorce or Death, you are required to submit required documentation. Upon submission of this form, please include proof of other coverage or divorce paper with effective date of divorce or copy of death certificate as applicable.

Plan(s) to Terminate: ☐ Medical ☐ Dental ☐ Vision ☐ FSA/HRA ☐ Other

Who are you dropping coverage for:

☐ Subscriber / Self	
☐ Spouse	Date of Birth:
☐ Child Name	Date of Birth:
☐ Child Name	Date of Birth:
☐ Child Name	Date of Birth:
☐ Child Name	Date of Birth:

Important Disclosures:

1. Failure to pay the regularly scheduled premium payment may impact the date in which termination is processed by the insurer. Each insurer will have their own policy and procedure related to past due premiums and claims payments upon termination request. It will be the member's responsibility to pay all premiums through termination or risk being financially responsible for claims that have been paid by the insurer.
2. Coverage ends at 11:59 p.m. on the executed termination date.

X_____ ___/___/____
Signature (Required) Date