

# TERMINATION FORM

## SUTTER HEALTH PLUS

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### Language Assistance

If you have questions about completing this form (in English or another language), please contact Sutter Health Plus Member Services at 1-855-315-5800 (TTY: 1-855-830-3500), Monday through Friday from 8:00 a.m. – 7:00 p.m. Pacific Time. If needed, we will provide translation services and other language assistance free of charge.

This form should only be used for subscriber and member terminations. If you have a new enrollment or change, please refer to the Employee Enrollment or Change Forms.

### Termination

- Terminations may only be requested through staff authorized by the employer.
- Please complete all fields.

### Termination Effective Dates

When a member is no longer eligible for coverage, the membership termination date is the first day a member is not covered (e.g., If the termination date is January 1, 2015, the last minute of coverage was on December 31, 2015, 11:59 p.m. Pacific Time). When a Subscriber's membership ends, the membership of all covered Dependents end at the same time. Covered Services received after the membership termination date, will be billed as a non-Member, **even if you are hospitalized or undergoing treatment for an ongoing condition.**

### Notice of Termination

The Group is required to inform the Subscriber in advance of the date the membership will terminate. Please refer to the Evidence of Coverage for more information.

If faxing this form, please keep a copy for your files. **Please be sure to return all pages of this form as the last page contains your signature which is necessary to process these changes.** Missing information may delay processing.

### Mail, Fax, or Scan/Email your completed form to:

Sutter Health Plus

P.O. Box 160345

Sacramento, CA 95816

Secured Fax: 916-736-5426

Email: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

Please note all documents must be sent encrypted/secured. If not, please fax all documents

