

Inshore Benefits

Member Cancellation Form — Dental & Vision



Please fill out form completely and **submit at least 30 days before the desired cancellation date**. If this form is not received timely, coverage will continue and the member will be responsible for premiums and fees due for the remaining coverage period.

1. MEMBER INFORMATION		
Member Name (First, Last):	Last four numbers of Social Security #:	
Current Mailing Address (Required if State COBRA Eligible):		
City:	State:	Zip Code:
Email Address:	Phone:	

2. Effective Date of Cancellation	
Requested Cancellation Date:	All cancellations require 30 days advance notice.

3. LIST ALL FAMILY MEMBERS ENROLLED				
Primary member must be enrolled for dependents to remain enrolled.			Dental	Vision
Primary Member's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel
Spouse/Domestic Partner's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel
Child's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel
Child's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel
Child's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel
Child's Name (First, Last):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel	<input type="checkbox"/> Remain enrolled <input type="checkbox"/> Cancel

Member Signature: _____ Date: _____

Please print name: _____