

IMPORTANT INFORMATION

Use this form for customers to request subscriber terminations and/or transfers from one subgroup ID to another under the same group ID and region.

1. Subscriber termination or transfers may only be requested by staff authorized by the customer to change membership records.
2. This form **can't** be used for new subscriber enrollments, dependent additions, or terminations. New subscriber enrollments and dependent changes require an Employee Enrollment or Employee/Dependent Change form be completed and signed by the subscriber.
3. Refer to your contract for your specific retroactivity policy.

This form isn't required if termination is submitted through **account.kp.org**.

1 COMPANY INFORMATION

Company name	Group ID/Subgroup ID
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2 TERMINATION REQUESTS

Termination effective dates: When a member is no longer eligible for coverage, membership terminates on the last day of that month at 11:59 p.m. For example, a member who terminates employment on December 2 will be covered until December 31 at 11:59 p.m. Pacific time. On this form, you'll enter the "Termination effective date" as January 1 because the termination effective date will be the first minute after the member's coverage ended on December 31 at 11:59 p.m.

Subscriber(s) name	Social Security number	Termination effective date (#3)	Termination reason

3 TRANSFER REQUEST(S)

Note: Transfers can only be made for open enrollment plan changes.

Subscriber(s) Name	Social Security number	Transfer effective date (#3)	Indicate new subgroup ID/plan

4 CONTACT INFORMATION

Email completed form to our California Service Center-San Diego-Small Business Accounts: **csc-sd-sba@kp.org**, as a pdf attachment or fax: **855-355-5334**.

Don't mail this form with your payment. Retain a copy for your records.