

**IMPORTANT INFORMATION**

Use this form for billed customers to request subscriber/account terminations and/or transfers from one enrollment unit to another under the same group number and region. **Don't use this form for new subscriber enrollments and/or dependent additions or terminations.** All member terminations will be effective in the month that we receive the termination request, unless you request that the termination be effective in a future month.

This form isn't required if termination is submitted through Online Account Services.

**1 COMPANY INFORMATION**

Company name		Group number/Enrollment unit
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Contact name <i>(please print)</i>	Phone number (     )     -	Email

**2 TERMINATION REQUESTS** (refer to the processing rules on page 2)

Subscriber(s) name	Subscriber medical record number or Social Security number	Termination effective date <i>(see page 2, #4)</i>	Termination reason <i>(purchaser requested or subscriber deceased)</i>

**3 TRANSFER REQUEST(S)**

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

Subscriber(s) Name	Subscriber medical record number or Social Security number	Transfer effective date <i>(see page 2, #4)</i>	Indicate new enrollment unit/plan

**4 CONTACT INFORMATION**

Fax: **858-614-3344** (Northern California) or **858-614-3345** (Southern California)

Email: **csc-sd-sba@kp.org**

Mailing Address:

Kaiser Permanente  
 California Service Center  
 P.O. Box 23250  
 San Diego, CA 92193-3250

**Don't mail this form with your payment or processing will be significantly delayed.**

**5 ADDITIONAL INFORMATION**

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1. Subscriber terminations and transfers may only be requested by staff authorized by the purchaser to change membership records.
2. Complete all fields.
3. This form **can't** be used for new subscriber enrollments and/or dependent additions or terminations. New subscriber enrollments and dependent changes require a Group Enrollment/Change Form completed and signed by the subscriber.
4. Refer to your contract for your specific retroactivity policy.
5. Be sure to retain a copy for your records.

**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.