

# TERMINATION FORM

Sutter Health Plus

## Termination

This form is only used to terminate subscribers or dependents. For new enrollment or change, please use the Employee Enrollment/Change Form.

## Termination Effective Dates

When a member is no longer eligible for coverage, the coverage termination date is the first day a member is not covered (e.g., if the termination date is Jan 1, 2019, the last minute of coverage was on Dec 31, 2018, 11:59 p.m.). Coverage for dependents ends when the subscriber's coverage terminates. Terminated subscribers and dependents are responsible for any medical services received after the termination date, **even if the person is 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 and Disclosure Form* for more information.

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**For Sutter Health Plus to process your request, you must sign and return the last page of this form. Missing information may delay processing.**

## Fax or email your completed form to:

Fax: 1-916-736-5426

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

You must encrypt or secure any documents sent by email. If you cannot encrypt or secure emails, please fax all documents and keep a copy for your files.

## Need Assistance?

If you have questions about completing this form, please contact Sutter Health Plus Member Services at 1-855-315-5800 (TTY: 1-855-830-3500), Monday through Friday from 8 a.m. to 7 p.m. Sutter Health Plus provides translation services and other language assistance services to you free of charge.

