Employee cancellation transmittal request

Please submit all other eligibility changes separately by completing a Subscriber Change Request Form.

Group Number:

Employee name	Subscriber number	Last day worked (if applicable)	Reason for Cancellation	Cancel effective date

Signature of authorized group contact

Date

Please fax the completed form to the following address and retain a copy for your records:

Mid/Large Group (51+ employees):
P.O. Box 629014
El Dorado Hills, CA 95762-9014
Fax: (916) 350-8800

Small Group (2 to 50 employees):
P.O. Box 3008
Lodi, CA 95241-1912
Fax: (209) 367-6475

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