



This form requests a policy termination according to the terms of the Member Benefit Agreement. The Subscriber must fill out this form completely. Members who signed up through Maine's state-based Marketplace (CoverME.gov) need to process their termination request through the Marketplace by calling (866) 636-0355.

Subscriber Information				
First Name	M.I.	Last Name	Date of Birth	Subscriber ID #
Address		City	State	Zip Code

Termination Date

As the Subscriber on the above-described policy, I request to terminate my coverage effective:

- The last day of the current coverage month. If the request is received before the end of the current month, Community Health Options will try to accommodate this request
- The last day of a future month _____ (Month, Year)

If not specified, the policy termination date will be the end of the month in which the request was received.

Reason for Termination

Please check all that apply:

- MaineCare/Medicare eligibility (please include proof of eligibility).
- Other insurance obtained. Insurer: _____
- Moved outside of coverage area
- Death of Subscriber (death certificate required)
- Other. Please specify: _____

Attestation and Signature

I attest that the above information is true. I understand any claims incurred after the termination of this policy are not the responsibility of Community Health Options. For consumers that use the State-Based Marketplace (SBM), I understand that I may have further responsibilities to terminate my policy through the SBM and Community Health Options will not fully process this termination until it receives confirmation of termination of policy from the SBM.

Applicant's Signature _____ Print Name _____ Date ____/____/____

Send the completed form to:

Email: enrollment@healthoptions.org

Mail: Enrollment & Eligibility, Community Health Options, PO Box 1121, Lewiston, ME 04243

Fax: (207) 402-3745

Questions: (855) 624-6463

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