

**MAILING INSTRUCTIONS:** PLEASE COMPLETELY FILL OUT FORM, FOLD, PULL TAPE OFF AND THEN MAIL. NO POSTAGE REQUIRED. THANK YOU.

**FAX INSTRUCTIONS:** YOU MAY ALSO FAX A COPY OF THE FORM TO PARAMOUNT'S MEMBERSHIP DEPARTMENT AT 419-291-9984.



# TERMINATION NOTICE

**Paramount Coverage will end on the last day of the month following termination date, as long as notice is received within 30 days of the termination date.**

EXAMPLE: Last day of employment is 1-13; coverage will end 1-31.

COMPANY NAME \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ MEMBER ID NUMBER \_\_\_\_\_

**TERMINATE:** ☐ EMPLOYEE & DEPENDENT(S) ☐ DEPENDENT(S) ONLY (LIST BELOW)

**LAST DATE OF COVERAGE:** \_\_\_\_\_

**PLEASE SELECT THE APPROPRIATE REASON CODE AND CLEARLY CIRCLE IT.**

- |   |                          |   |
|---|--------------------------|---|
| CT = COBRA TERMINATION                      | LE = LEFT EMPLOYMENT     | OT = OTHER (SPECIFY)                      |
| DE = DECEASED                               | MA = MARRIAGE            | RH = REDUCTION OF HOURS                   |
| DL = DOCTOR LEFT THE PLAN                   | ME = COVERED BY MEDICARE | SI = COVERED BY SPOUSE'S INSURANCE        |
| DP = DISSATISFIED (SPECIFY)                 | MO = MOVING OUT OF AREA  | TC = TERMINATE CONTRACT - NO REASON GIVEN |
| DV = DIVORCE                                | NP = NON-PAYMENT         | TM = TERMINATE MEMBER - NO REASON GIVEN   |
| JD = TERMINATE, JOINING ANOTHER HEALTH PLAN | OA = OVER AGE LIMIT      |   |
| LA = LAY-OFF                                |                          |   |

DEPENDENT	SUFFIX	LAST DATE OF COVERAGE
DEPENDENT	SUFFIX	LAST DATE OF COVERAGE
DEPENDENT	SUFFIX	LAST DATE OF COVERAGE
DEPENDENT	SUFFIX	LAST DATE OF COVERAGE
DEPENDENT	SUFFIX	LAST DATE OF COVERAGE

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against Health Plan, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud under state criminal law.

**X**



PARAMOUNT  
ATTN: MEMBERSHIP  
PO BOX 928  
TOLEDO OH 43682-4026

POSTAGE WILL BE PAID BY ADDRESSEE  
FIRST-CLASS MAIL PERMIT NO. 203 TOLEDO OH

**BUSINESS REPLY MAIL**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

