



BlueCross BlueShield of Minnesota

DOW-R Dental Insurance

DOW-R Usage Loc# _____

Effective Date _____

Date to BCBS _____ Date to DD _____

Invoice # _____ CR
Month(s) invoiced _____
 Database Spreadsheet Census

CANCEL GROUP COVERAGE FORM A-3

➤ **If cancelling coverage for employee and/or dependent(s), complete all three sections**

Group: Diocese of Winona-Rochester

A. Cancel Form Information – Please print all information in black or blue ink.

Effective Date		Current Coverage <input type="checkbox"/> Single <input type="checkbox"/> Family		Current Coverage Level: <input type="checkbox"/> \$2,500 deductible <input type="checkbox"/> \$5,000 deductible	
Employee Last Name		Employee First Name		Employee MI	Social Security Number
Employee Home Address				Home phone	
City	State	Zip	Work phone		

B. SELECTION – CHECK APPROPRIATE BOXES TO CANCEL COVERAGE

- Cancel Coverage for Medical and Dental – check appropriate box below
 - Cancel All Coverage (employee & dependents)
 - Cancel All Dependent coverage only (Please note, your coverage will be for Single Coverage only)
 - Cancel Coverage only on the dependent(s) listed below in section C

Reason for cancellation:

- Subscriber requested Marriage Date of Event _____ Divorce Date of Event _____
- Other Reason _____ Date of Event _____

Note: Coverage costs can be credited up to **two** months retroactively from the date Blue Cross and Blue Shield of Minnesota received written notification of the cancellation.

Example, notification received 7/3/2020 that John Doe left employment 4/1/2020. John will be cancelled effective 6/1/2020.

Signature of Employee _____

Date Signed _____

C. LIST ALL INDIVIDUALS TO BE CANCELLED – COMPLETE ALL THAT APPLY
*Social Security Numbers (SSN) for you and your dependents are requested but not required

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>*Social Security Number</i>	<i>Date of Birth (mm/dd/yyyy)</i>

NOTE: Federal law and Minnesota law require that most group health plans give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.