Partners Healthcare Termination Request Form

Live Chat: benstrat.com
Fax: 603-232-6275
Address: PO Box 3938, Manchester, NH 03105
Phone: 844-777-7870
Email: MGBinfo@benstrat.com

Please completely fill out this form to request termination of one or more of your benefit plans. Print and return the completed form via email, fax or mail. Please note incomplete, illegible and/or incorrect forms will be returned to sender and will require a new form submission.

Participant Information:

Participant Name:
First/Last

Employer Offering Benefits Being Terminated:

Participant last 4 of SSN:

Participant Date of Birth:

Participant Email:

Participant Phone:

Please Select: ☐ **COBRA** ☐ **On Leave** ☐ **Retiree**

Benefit Termination Information:

Check off all boxes that apply to your request. We are unable to terminate a plan back further than 30 calendar days.

Benefit	Termination Effective Date	Terminate Coverage For ALL Covered	Name of Individual(s) to Terminate
☐ All Benefits		☐	
☐ Medical		☐	
☐ Dental		☐	
☐ Vision		☐	
☐ Other		☐	
***Reason**			

I do not want to continue coverage for any dependents on my plan(s): ☐

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benefit strategies LLC

Continuing Dependent(s) Coverage

ONLY if you wish to continue coverage for one or more of your dependent(s), please fill out the information below.

Name: First/Last

Relationship: ☐ Spouse ☐ Dependent Child

Date of Birth: MM/DD/YYYY

Full SSN:

Check Off All That Apply: ☐ Medical ☐ Dental ☐ Vision ☐ Other:

Name: First/Last

Relationship: ☐ Spouse ☐ Dependent Child

Date of Birth: MM/DD/YYYY

Full SSN:

Check Off All That Apply: ☐ Medical ☐ Dental ☐ Vision ☐ Other:

Name: First/Last

Relationship: ☐ Spouse ☐ Dependent Child

Date of Birth: MM/DD/YYYY

Full SSN:

Check Off All That Apply: ☐ Medical ☐ Dental ☐ Vision ☐ Other:

Signature

I understand this submission is a request to terminate my coverage for the specific benefit(s) indicated above. Any incomplete or illegible forms will be returned and I am required to submit a new form for completion of my request. I understand this process can take up to 14 business days and it is my responsibility to confirm with the insurance carrier(s) the termination(s) have been processed.

Participant Signature:

Date: MM/DD/YYYY

Print and Sign →