

Request To Cancel Policy

Please cancel my individual policy through Arkansas Blue Cross and Blue Shield.

Current ID #: _____

Current Group #: _____

Requested Cancellation Date for the Policy: _____

Reason(s) for request:

I have another health insurance policy with Arkansas Blue Cross and Blue Shield.

- Effective date of new policy: _____
- New Policy ID Number: _____

Death of policyholder.

- Date of Death: _____

I have insurance with another carrier.

Other: _____

Print Name of Policyholder

Signature of Policyholder

Date

Cancellation of a policy at the request of the policyholder or an agent will be completed on the date requested or the 1st of the month following receipt of a signed request from the policyholder. Retroactive requests cannot be honored. Refunds of premiums paid in advance may be prorated based on the last date of coverage. Arkansas Blue Cross and Blue Shield is entitled to premiums due for the month in which written notice is received whether this day is the first day of the month or the last day of the month. Premium refunds will not be allowed retroactively because a Policyholder has obtained coverage with another carrier with premiums that overlap Arkansas Blue Cross coverage.

You can send this form to us via:

<p>Fax: 501-378-2435</p> <p>Email: EESCancellation@arkbluecross.com</p>	<p>USPS Mail: Arkansas Blue Cross Blue Shield Attn: Enterprise Exchange Services Membership PO BOX 2181 Little Rock, AR 72203-2181</p>
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