

Request to cancel policy

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

Current ID number	Current group number
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Reason(s):

I have another health insurance policy with Arkansas Blue Cross and Blue Shield or Health Advantage

Effective date of new policy: _____

New policy ID number: _____

Death of policyholder

Date of death: _____

I have insurance with another carrier

Other: _____

Print name	
Signature	Date signed (mm/dd/yyyy)

Cancellation of a policy at the request of the Policyholder or an Agent will be done on the 1st or the 15th (depending on the billing cycle) following receipt of a signed request from the policyholder. Refunds of premiums paid prior to receipt of the signed request will not be allowed. Arkansas Blue Cross and Blue Shield or Health Advantage are entitled to premiums due for the month in which written notice is received whether this is the first day of the month or the last day of the month. Premium refund will not be allowed retroactively because a Policyholder has obtained coverage with another carrier with premiums that overlap Arkansas Blue Cross or Health Advantage coverage.

Return completed form by mail

Arkansas Blue Cross and Blue Shield
ATTN: Customer Accounts
PO Box 2181
Little Rock, AR 72203-2181

or

Fax: 501-378-2585

Email: For non-metallic policies, email it to cancellations@arkbluecross.com

For metallic policies, email it to eescancellation@arkbluecross.com

Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company An Independent Licensee of the Blue Cross and Blue Shield Association
Health Advantage is an Independent Licensee of the Blue Cross and Blue Shield Association