

Subscriber Termination and Transfer Form

Use this form for billed purchasers to request subscriber/account terminations and/or subscriber/account transfers from one enrollment unit to another within the same purchaser ID and region. **Do not use this form for new subscriber enrollments and/or dependent additions or terminations.**

Purchaser information

Today's date _____

Purchaser name _____

Purchaser/enrollment unit number _____

Billing contact name (please print) _____ Telephone number (_____) _____

E-mail address (optional) _____ Fax number (_____) _____

Check here if billing contact information is new

Termination or transfer requests (refer to the processing rules on page 2)

Subscriber name	Subscriber medical record number	Subscriber Social Security number	Termination or transfer effective date (see page 2)	Termination or transfer reason code (select from table below)	Indicate new enrollment unit (required for transfers only)

Termination reason codes

1—Employment terminated	3—Leave of absence	5—Military duty	7—Enrolled in error	9—Subscriber requested
2—Subscriber retired	4—Layoff	6—Subscriber deceased	8—Loss of disabled status	

Transfer reason codes
(refer to page 2 for additional information)

10—Open enrollment plan changes 11—Change in geographic service area*	12—Loss of coverage: <ul style="list-style-type: none"> • Spouse or dependent loss of coverage • Reaching lifetime maximum 	13—Employment status change: <ul style="list-style-type: none"> • Start or termination of employment of the employee's spouse • Start of, or return from, leave of absence • Change from salaried to hourly or vice versa • Change from part-time to full-time or vice versa • Employee retirement • Strike or lockout • Significant change in health coverage of the employee or spouse attributable to the spouse's employment 	14—Marital status change:† <ul style="list-style-type: none"> • Marriage • Death of employee's spouse • Divorce or annulment • Legal separation 	15—Dependent status change:† <ul style="list-style-type: none"> • Birth • Adoption or placement for adoption • Death of dependent child • Newly eligible dependents due to employer change in eligibility rules • Dependent loss of eligibility due to age, student status, or marriage
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*For transfer reason code 11, submit a completed Group Enrollment/Change Form signed by the subscriber providing the new address.
 †For transfer reason codes 14 or 15, submit a completed Group Enrollment/Change Form signed by the subscriber if adding or removing a dependent(s) from the subscriber's account. Refer to page 2 for additional information.

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Additional processing rules

1. Subscriber terminations and transfers may only be requested by staff authorized by the purchaser to change membership records.
2. Complete all fields.
3. For transfer reason code 11, a completed Group Enrollment/Change Form signed by the subscriber is required to update the subscriber's change of address.
4. For transfer reason codes 14 and 15, a completed and signed Group Enrollment/Change Form is required from the subscriber to add or remove dependents from the subscriber's account.
5. This form **cannot** be used for new subscriber enrollments and/or dependent additions or terminations. New subscriber enrollments and dependent changes require a Group Enrollment/Change Form completed and signed by the subscriber.
6. Subscriber transfers can only be performed across enrollment units within the same purchaser ID and region.
 - a. The same form may be used to report transfers if they are originating from the **same** enrollment unit.
 - b. A separate form is needed for each enrollment unit if the transfers are originating from **different** enrollment units.
7. Kaiser Permanente's standard retroactivity policy is the current month plus two months. Submit requests within these guidelines unless your contract states otherwise.
8. Fax the completed form to one of the following fax numbers. If you fax the form, **do not** mail it.
 - a. For Northern California accounts: **(858) 614-3344**
 - b. For Southern California accounts: **(858) 614-3345**
9. If you choose to mail the completed form, send it to the "Membership" address indicated on your billing statement. **Do not mail with your payment or processing will be significantly delayed.**
10. This form is not required for terminations processed through our secure online account services Web site unless the site rejects the transaction.
11. Be sure to retain a copy for your records.

Termination effective dates

When a member is no longer eligible for coverage, membership terminates on the last day of that month at 11:59 p.m. *unless your group has an agreement with us to terminate at a time other than on the last day of the month.* For example, a member who terminates employment on December 2 will be covered until December 31 at 11:59 p.m. (PST). On this form, you will enter the "Termination effective date" as January 1 because the termination effective date will be the first minute after the member's coverage ended on December 31 at 11:59 p.m.