

Member Cancellation Request

This form is designed to cancel **ALL** individual member's MESSA benefits.

(Please Print)

Group Name	Group Number:	Date:	Phone Number: ()	Ext.
Requested by:	Position:	E-mail Address:		

MESSA ID or Social Security Number	Member Name	Effective Date	Reason Code	Reason Codes
				<p>1 Cancellation of Employment: Member is no longer an employee and will not be returning. Retirees continuing coverage must submit an application. Cancellation of benefits may require a COBRA notification from the employer.</p> <p>2 Layoff/Privatization: Employer must submit a copy of the layoff notice including the employee's right to recall or a copy of the letter informing the employee's job has been privatized.</p> <p>3 Death: Report date of death under effective date.</p> <p>4 COBRA: Member's entire COBRA coverage cancelled. To cancel partial coverage, complete a COBRA application.</p> <p>5 OptionALL: Cancel all OptionALL elections.</p> <p>6 Disability: Cancel from business account due to disability.</p> <p>7 Leave of Absence: Member is on paid or unpaid leave of absence.</p> <p>8 Military Duty: Member is on leave due to military duty.</p>

Remarks:

Important Policies:

- ▶ **Retro Cancellation Policy:** Requests to retroactively cancel a member's benefits will be granted for the month in which the request is made and the prior month.
- ▶ **Double Dipping:** Please do not credit yourself on your current invoice for these cancelled members' benefits. Credits will appear on your next invoice, but if you manually credit yourself, it will create a "double dipping" situation.
- ▶ **Partial/Total Group:** The **Member Cancellation Request** may not be used to cancel benefits for a partial or total group. Please consult the [4 Steps to Implementing/Cancelling MESSA Group Benefits](#) for the procedures.

Other Forms:

- ▶ **Change of Partial/Total Group:** To cancel the benefits for a partial or total group, including privatization, please submit a [Request for Group Benefit Implementation/Cancellation Form](#).
- ▶ **Job Codes, Full Time/Part Time Status, or Standard Hours:** To request a change in job codes, full time/part time status, or standard hours please submit a [Member Application](#).
- ▶ **Member Information/Variable Option:** To request a change in member information or delete variable options, please submit a [Member Change Form](#).
- ▶ **Cancellation of Medical:** If cancelling an individual member's medical coverage and the member has other MESSA benefits, please submit a member signed [Member Application](#). If the member has medical coverage only, then a [Member Cancellation Request](#) may be used.