

Dependent Termination Request

You must notify Allegiant Care within 30 days of a qualifying event to terminate an enrolled dependent. (i.e., divorce, entered the military, gained own insurance coverage, retirement, etc.) **Complete all sections, as applicable, sign, and return this form and all required supporting documentation. Please allow 5-7 business days for processing.**

SECTION 1: MEMBER INFORMATION

Member's Full Name		Date of Birth / /		SSN (last 4 digits)	
Mailing Address		City		State	Zip Code
Marital Status		Employer			
Primary Phone ()		E-mail Address			

SECTION 2: DEPENDENTS TO BE REMOVED FROM YOUR PLAN

1. Dependent's Full Name		Date of Birth / /		Relationship		Termination Reason	
Mailing Address (if different from member)		City		State	Zip Code		
2. Dependent's Full Name		Date of Birth / /		Relationship		Termination Reason	
Mailing Address (if different from member)		City		State	Zip Code		
3. Dependent's Full Name		Date of Birth / /		Relationship		Termination Reason	
Mailing Address (if different from member)		City		State	Zip Code		

NOTE: Allegiant Care will determine the termination date based on the applicable paperwork received.

SECTION 3: REQUIRED SUPPORTING DOCUMENTATION

- Divorce – copy of the divorce decree indicating date of divorce
- Death – copy of death certificate
- Gain Other Insurance – proof of other insurance coverage indicating effective date
- Military Enlistment – proof of military coverage

SECTION 4: CERTIFICATION

I certify that I am the member and all of the information provided on this form is complete and accurate. I understand all benefits are subject to conditions stated in the Plan document. I understand benefits cannot be changed except for a qualifying event that changes family or employment status. I understand it is my responsibility to provide Allegiant Care with any required supporting documentation listed in Section 3.

Member Signature: _____ **Date:** _____

*Return your completed form to the mailing address noted above.
You may also fax it directly to 603-666-4477 or email enrollment@myallegiantcare.com.
Retain a copy of this form for your records.*