Employee cancellation notification

Effective October 1, 2020

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Employer: Large Group (101+ Employees) and Small Business (1 to 100 Employees) use this form to terminate coverage for multiple employees. If applicable, use this form to provide notification of Cal-COBRA qualifying event due to termination, resignation, or reduction in employee hours.

If an employee is qualifying for Cal-COBRA for a reason other than termination, resignation, or reduction in hours, use the Employer Notification of Qualifying Event Under Cal-COBRA form to submit that employee's information.

Return within 30 days of the qualifying event date by email or mail, as follows:

Large Group (101+ employees):
P.O. Box 3008
Lodi, CA 95241-1912
Email: **largegroup.dedicatedprocessors@blueshieldca.com**

Small Group (1 to 100 employees):
P.O. Box 3008
Lodi, CA 95241-1912
Email: **small.group@blueshieldca.com**

1 Group identification

Group legal name

Blue Shield group ID number

2 Employees' information

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible? Reset
☐ Yes ☐ No

Qualifying event date ____________________

For termination/resignation, the qualifying event date is the last day of employment. For reduction in employee hours, the qualifying event date is the cancellation date.

If yes, select one reason below:
☐ Termination or resignation
☐ Reduction in employee hours

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible? Reset
☐ Yes ☐ No

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Employee's Blue Shield ID or Social Security number

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3 Group administrator signature

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X ______________________________ ____________

Group administrator signature Date

Printed signature name