

# Coverage Cancellation Request



If you would like to change your group coverage, other policy options are available. Contact your insurance agent or marketing representative for more information. Otherwise, please complete and submit the form.

## CANCELLATION FORM

Group Name: \_\_\_\_\_

Group Number:

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_ / \_\_\_\_\_

Cancellation Reason: \_\_\_\_\_

I verify by submitting this form my small group policy will be canceled.

Policyholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_

## SUBMISSION INFORMATION

Please email completed form to [group.membership@bcbssc.com](mailto:group.membership@bcbssc.com) or fax to [803-264-0143](tel:803-264-0143).

The completed form needs to be submitted before the requested cancellation date to stop further claim payments.

## CONTACT INFORMATION

If you have any questions, please contact us at [group.membership@bcbssc.com](mailto:group.membership@bcbssc.com) or [800-868-2500](tel:800-868-2500), ext. 41010.

We appreciate your business and hope you will consider BlueCross BlueShield of South Carolina for your health insurance needs in the future.

