

## Coverage Cancellation Request

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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.

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### CANCELLATION FORM

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

Group Number: 

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

\_\_\_\_\_

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

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

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

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

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

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### 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.

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### 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.

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

