



Request to Cancel Medical and/or Dental Insurance

Today's Date _____

I hereby request that you CANCEL my enrollment in the Lake County Medical Society group

_____ Health Insurance Plan (_____ Individual or, _____ Family)

_____ Dental Insurance Plan (_____ Individual or, _____ Family)

Cancel effective (date) _____, 20_____.
(No refunds can be made for a month in which cancellation is made after the 14th of that month, or if claims have already been filed.)

I understand that if I allow this group insurance to lapse for 63 days, I (and any covered dependents) may have a waiting period for coverage of any preexisting conditions under another group plan. I understand that BCBS of Illinois will not be responsible for payment of any claims for services provided for me or my dependents on or after the above cancellation date, or from the date for which no premium was paid, if earlier.

Policyholder Name _____ or, Dependent _____

Spouse's Signature _____ (if applicable with family policy)

Policyholder Insurance Card ID No. _____

*Authorized person _____ Title _____
I* represent an employer group and I am authorized to sign on behalf of the entire group.

Name of Group _____

Return to: Lake County Medical Society, 810 S. Waukegan Rd., Ste. 104, Lake Forest, IL 60045
Or, fax to 847-574-0445.

Please refer to your current benefit book for details on continuation coverage due to termination of employment or LCMS membership. There are explanations for groups subject to COBRA (those with 20 or more employees) and smaller employer groups, subject to Illinois Continuation regulations. Policyholders and their covered dependents may have the right to continue insurance for specific periods of time, depending on their individual circumstances, employer size, length of employment and enrollment in the health plan. A Certificate of Creditable Insurance Coverage ("COC") will be issued to all enrollees who discontinue this coverage as proof of the dates of coverage, which may be needed to reduce or eliminate a waiting period for preexisting conditions when enrolling in future health plans. Call us if you need assistance in obtaining a Certificate of Coverage.

IMPORTANT: LCMS members or their employees do not have the option of re-enrolling at a later date if they drop this insurance, unless they become eligible due to specific qualifying events under the terms of Special Enrollment. (See our Web site for details.)

There is No Annual Open Enrollment period for our medical insurance plans. There is an annual Open Enrollment for the dental plan only. However, enrollees who cancel dental insurance must wait one full year from the cancellation date before re-enrolling in the dental plan during the next dental open enrollment period. The detailed Special Enrollment Notice is on our Web site.