DELTA DENTAL®

Northeast Delta Dental

Termination Report

Please Note: *This form is for terminations only.*

Web site: www.nedelta.com

One Delta Drive
PO Box 2002
Concord, NH 03302-2002
800-537-1715
603-223-1230 Eligibility
603-223-1252 Eligibility Fax

NEDD USE ONLY

GROUP NUMBER	GROUP NAME
COMPLETED BY	TELEPHONE NUMBER

Date Submitted

Month	Day	Year

Reason Code

TE	Termination of employment
RH	Reduction in hours
CN	COBRA non-payment
CE	COBRA expired
DE	Deceased
OT	Other _____

Social Security / ID #	Subscriber Name Last	First	Sublocation Number	Division	Last Date of Employment	Reason Code	Coverage Termination Date

Please keep a copy for your records