



# Northeast Delta Dental Termination Report



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Concord, NH 03302-2002  
800-537-1715  
603-223-1230 Eligibility  
603-223-1252 Eligibility Fax

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

www.nedelta.com

GROUP NUMBER

GROUP NAME

### Date Submitted

Month	Day	Year

COMPLETED BY

TELEPHONE NUMBER

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		Sublocation Number	Division	Last Date of Employment	Reason Code	Coverage Termination Date	Dental	Vision
	Last	First							