

# Association Membership Termination Notice

Please accept this as notification of my request to terminate my membership.

**Company name:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Effective date:** \_\_\_\_\_

**Reason for termination:**

- Covered through spouse
- Covered by new employer
- Went direct with carrier
- Eligible for other group coverage
- Financial reasons
- Carrier rate increase
- Changed carriers
- Changed benefit options
- Changed to group coverage
- Over 65
- Relocating out of area
- Broker recommendation
- Closed/sold business
- No reason
- Member deceased
- Satisfaction level

Comments:

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**Signed:** \_\_\_\_\_