CONEJO VALLEY UNIFIED SCHOOL DISTRICT
RISK MANAGEMENT DEPARTMENT
750 Mitchell Road, Newbury Park, CA 91320

HEALTH BENEFIT TERMINATION REQUEST

Employee Legal Name _____ _____ _____
LAST FIRST MIDDLE

Social Security # XXX –XX- _____

Employee Contact
_____ _____
EMAIL PHONE #

INSTRUCTIONS: PLEASE SPECIFY THE PERSONS FOR WHOM YOU ARE REQUESTING COVERAGE TERMINATION.

MEMBER FULL NAME: (LIST YOURSELF AND/OR ALL DEPENDENTS TERMINATING)	CHECK ALL COVERAGE TO TERMINATE	EFFECTIVE DATE
	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL ☐ LIFE	
	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL ☐ LIFE	
	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL ☐ LIFE	
	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL ☐ LIFE	
	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL ☐ LIFE	

BASIS FOR COVERAGE TERMINATION

☐ Alternate Health Plan
☐ Enrolled in Medicare
☐ Moved out of service area
☐ Member deceased
☐ Other

CERTIFICATION

I, _____, am authorizing the above specified changes to my enrollment AND/OR to that of my dependents.

_____ _____
Signature Date

TRANSMIT TO:

Mail/In-Person - Conejo Valley Unified School District
750 Mitchell Road, Newbury Park CA 91320
attn: Risk Manager - Mia Nelson
Email Specialist at: mnelson@conejousd.org