

North Dakota Farm Bureau Health Plans PO Box 1424 Columbia, TN 38402-1424 Phone: 866-544-1664 Billing Fax: 931-560-4278 <u>Billingforms@fbhp.com</u>

NDFBHP COVERAGE CANCELLATION FORM		
Subscriber Name		Subscriber's Date of Birth
Health Plan ID		Dental Plan ID
Cancel my coverage. (Please see "Coverage Termination" section below.) Reason: Obtained Employer Coverage Other Individual Coverage Affordability Effective Date of Cancellation: / /		
Mailing Address: Executor's Signature: XDate:		
It is a crime to knowingly provide false, incomplete or misleading information for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage. A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.		
Coverage Termination		
You, as a Subscriber, can cancel the Coverage for any reason by giving 10 days written notice to North Dakota Farm Bureau Health Plans. Your coverage will terminate the following paid-to date.		
Please note - once a cancellation is processed it cannot be revoked. In order to obtain new coverage, medical underwriting for approval and pre-existing condition waiting periods will apply.		
If Coverage terminates as a result of Your death and there are no dependents covered, Coverage ends on the date of death and Your estate is entitled to a refund of any unused premiums.		
If You are on a monthly bank draft, You have the option to stop payment at Your bank, provided You present Your bank with the proper account information and exact bank draft amount.		
It is Your responsibility to maintain Your current address on file with North Dakota Farm Bureau Health Plans at all times.		