

**Scott & White Health Plan
Request for Disenrollment/Termination of Life Insurance Coverage for
Young Texan Coverage**

Please print clearly in ink. Form is to be completed by the contract holder of the Young Texan Plan.

→ **IMPORTANT NOTE: Terminations will be effective the last day of the month in which it is received.** ←

Purchaser/Contract Holder:			
Last	First	Middle	
Address:			
Street/P.O. Box	City	State	Zip Code
Telephone:			
Home ()		Work ()	
Social Security Number:			

Childs Name to be disenrolled:			
Last	First	Middle	Date of Birth: / /
Address: (If different from above)			
Street/ P.O.Box	City	State	Zip Code
Telephone:			

Childs Social Security Number:	Childs I. D. Number
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Reason for Termination:

Termination Date: _____
(Last day of the month in which form is received by Scott & White Health Plan)

Purchaser/Contract Holder's Signature: _____

Date: _____

FOR OFFICE USE ONLY		
Date Sent: _____	<input type="checkbox"/> APS	<input type="checkbox"/> Coupon
SWHP Rep: _____	New Rate: _____	