



## Students

### Cancellation of Enrollment/Member Policy

**Instructions:** This form is to be used by student members to cancel your Health Membership Plan. You must provide at least 7 business days notice prior to the end of the month, otherwise your monthly premium fee will be applied to the following month.

**Date of Cancellation Request:** As of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Membership ID:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Member's name:** \_\_\_\_\_  
(Please print) Last First MI

**Address** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Plan:**  Individual, Family or Self-Employed

**Dependent #1:** \_\_\_\_\_

**Dependent #2:** \_\_\_\_\_

**Dependent #3:** \_\_\_\_\_

**Dependent #4:** \_\_\_\_\_

**Reason for Cancellation:** \_\_\_\_\_

**I understand that by signing this form:**

1. I will have canceled my Monthly Premium Policy as indicated above.
2. I will not be allowed to participate in the Health Plan thru Five Points Benefit Plans, LLC, and The First Health Network, PPO.
3. Cancellation of Optum RX.

**Member's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For the Five Points Benefit Plans, LLC - Office Use Only**

Processed by: _____	Date: _____
1. Cancellation of Optum RX _____	2. Cancellation of MicroMD _____

**For the Insurance Broker's Office Use Only**

Processed by: _____	Date: _____
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# Cancellation of Enrollment/Member Policy

## Additional documentation required

A copy of your photo ID is **not** required, but recommended.

## How to complete this form

When completing the form, please print clearly to allow for correct processing. Note that your Member ID is your assigned membership ID.

## Submission instructions

Once completed, you can mail, email, fax, or drop off your form in person to:

### 1. By fax:

Fax Number: 915-519-0261
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Re: Cancellation

### 2. By postage mail:

Re: Cancellation  
Five Points Benefit Plans, LLC  
6006 North Mesa Street - Suite108  
El Paso, Texas 79912

### 3. By email:

5pteam@fivepointsmecplan.com

### 4. In person: Walk-in

Five Points Benefit Plans, LLC  
6006 North Mesa Street - Suite108  
El Paso, Texas 79912

## How your form is processed:

Your form will be processed in the order that it is received by the Client Services Team.

To check on the processing status of your form, please contact Client Services by phone at **800-521-7244** or via email: 5pteam@fivepointsmecplan.com

If you have any questions feel free to contact our Client Services Team at **800-521-7244**.