

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 5 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	<u> </u>
Membership ID:	DOB
Member's name:	First MI
Address	Tel:
City	Zip
Reason for Cancellation:	
I understand that by signing this form:	
 I will have canceled my Monthly Premit I will not be allowed to participate in the LLC, and The First Health Network, PI Cancellation of OptumRx Prescription 	ne Health Plan through Five Points Benefit Plans, PPO.
Member's signature:	Date:
For the Five Points Benefit Plans, LI	.LC - Office Use Only
Processed by:	Date:
1. Cancellation of OptumRx Prescription	on Plan 2. Cancellation of MicroMD
For the Insurance Broker's Office Use Only	y
Processed by:	Date:
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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 email, fax or drop off your form in person to:

1. By fax:

Fax Number: 915-519-0261

Re: Cancellation

2. By E-mail:

alejandra@fivepointsmecplan.com

3. In person: Walk-in Five Points Benefit Plans, LLC

Five Points Benefit Plans, LLC 6006 North Mesa Street - Suite 108 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 **915-803-4198** or via email: alejandra@fivepointsmecplan.com

If you have any questions feel free to contact our Client Services Team at 915-803-4198.