



# Employee cancellation notification

Effective October 1, 2020

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

**Employer:** Large Group (101+ Employees) and Small Business (1 to 100 Employees) use this form to terminate coverage for multiple employees. If applicable, use this form to provide notification of Cal-COBRA qualifying event due to termination, resignation, or reduction in employee hours.

If an employee is qualifying for Cal-COBRA for a reason other than termination, resignation, or reduction in hours, use the Employer Notification of Qualifying Event Under Cal-COBRA form to submit that employee's information.

**Return within 30 days of the qualifying event date** by email or mail, as follows:

**Large Group (101+ employees):**

P.O. Box 3008

Lodi, CA 95241-1912

Email: [largegroup.dedicatedprocessors@blueshieldca.com](mailto:largegroup.dedicatedprocessors@blueshieldca.com)

**Small Group (1 to 100 employees):**

P.O. Box 3008

Lodi, CA 95241-1912

Email: [small.group@blueshieldca.com](mailto:small.group@blueshieldca.com)

## 1 Group identification

Group legal name

Blue Shield group ID number

## 2 Employees' information

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible?

Yes  No

Qualifying event date

For termination/resignation, the qualifying event date is the last day of employment. For reduction in employee hours, the qualifying event date is the cancellation date.

If yes, select one reason below:

Termination or resignation  
 Reduction in employee hours

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible?

Yes  No

Qualifying event date

For termination/resignation, the qualifying event date is the last day of employment. For reduction in employee hours, the qualifying event date is the cancellation date.

If yes, select one reason below:

Termination or resignation  
 Reduction in employee hours

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible?

Yes  No

Qualifying event date

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If yes, select one reason below:

Termination or resignation  
 Reduction in employee hours

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible?

Yes  No

Qualifying event date

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If yes, select one reason below:

Termination or resignation  
 Reduction in employee hours

Employee name (first, middle initial, last)

Employee's Blue Shield ID or Social Security number

Cal-COBRA eligible?

Yes  No

Qualifying event date

For termination/resignation, the qualifying event date is the last day of employment. For reduction in employee hours, the qualifying event date is the cancellation date.

If yes, select one reason below:

Termination or resignation  
 Reduction in employee hours

Employee name (first, middle initial, last) _____	Employee's Blue Shield ID or Social Security number	Cal-COBRA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifying event date _____	For termination/resignation, the qualifying event date is the last day of employment. For reduction in employee hours, the qualifying event date is the cancellation date.	If yes, select one reason below: <input type="checkbox"/> Termination or resignation <input type="checkbox"/> Reduction in employee hours
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### 3 Group administrator signature

**For your protection, California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X

\_\_\_\_\_  
Group administrator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed signature name