

Membership Cancellation Form

Maryland, District of Columbia and
Northern Virginia Individual Plans



Mailroom Administrator
P.O. Box 14651, Lexington, KY 40512
Fax: 800-305-1351

CareFirst of Maryland, Inc.
10455 Mill Run Circle, Owings Mills, MD 21117
Group Hospitalization and Medical Services, Inc.
CareFirst BlueChoice, Inc.

840 First Street, NE, Washington, DC 20065
This is not an application for insurance

If you originally bought insurance directly through the Maryland, District of Columbia or Virginia Exchange, then you must make changes through that same Exchange.

Name of Plan to Cancel:

Subscriber's Last Name	Subscriber's First Name	M.I.
Residence Address (Street)	(City and State)	(Zip Code)
Residence County	Phone Number ()	
Subscriber Group Number (of plan being cancelled)	Subscriber Member Number (of plan being cancelled)	
Requested Date to Cancel Plan (mm/dd/yyyy) / /	Reason for Cancellation of Plan	

Where can I find my Member Number and Group Number?

- 1 Member ID** — this is the number providers will ask for to verify your coverage
- 2 Group #** — identifies your plan

CareFirst BlueChoice, Inc.		
Member Name JOHN DOE Member ID ABC000000000	2.0 OPEN ACCESS HealthyBlue Platinum PCP Name Smith, Jane	
1	Group 99K1	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	Copay DO P0 S30 ER200 RX AV	

We need 7–10 business days to complete your request and will follow-up with you by letter to confirm this request. If you need assistance please call the Member Services telephone number on the back of your member ID card. Our service hours are Monday–Friday from 8:00 am–6:00 pm. So that we may serve you as quickly as possible, please have your ID card available.

REQUIRED SIGNATURE AND DATE	
Subscriber's Signature	Date (mm/dd/yyyy) / /