



An Independent Licensee of the Blue Cross and Blue Shield Association

**Mountain State
BlueCross BlueShield**

**An Independent Licensee of the
Blue Cross and Blue Shield Association**

A HIGHMARK AFFILIATE

**614 Market Street
P.O. Box 1948
Parkersburg, WV. 26102**

**Local 304/424-9800
Toll Free 888/480-8850**

HOW TO COMPLETE YOUR REPORT OF TERMINATION ACTIVITY FORM

Completing the Report of Termination Activity Form

Terminating Members – An employee whose coverage is to be Terminated must be listed on this form. It is important that the Termination code and effective date be listed.

IMPORTANT INFORMATION: Submitting Termination

Complete the following fields on the Report of Termination Activity Form. Please return completed forms to your Membership Administrator or to the address shown at the top of this form.

- 1) **Completed By** – The Account Administrator's name.
- 2) **Telephone Number** – The Account Administrator's phone number.
- 3) **Today's Date** – The current calendar date.
- 4) **Name of Company** – The employer name.
- 5) **Name of Association** – Complete if your Group is part of an Association.

**These forms may be faxed to:
304-424-9890.**

- 6) **Group Number** – Unique 8 digit identification number assigned to the group reporting terminations.
- 7) **Member Identification Number** – Agreement number of covered individual.
- 8) **Termination Code** – Indicate the reason for the termination using the termination codes located on the bottom of this form. (The code definitions appear on the back of these instructions.)
- 9) **Member Name** – The member's last name, first name and middle initial.
- 10) **Effective Date** – The date on which the termination is effective.
- 11) **Type of Coverage (By Product)** – Indicate the type of coverage to be terminated, by product.
- 12) **Coverage Code Descriptions**

POS Point of Service	BS Blue Shield
PPO Preferred Provider Organization	MM Major Medical
CV Comprehensive	Drug Drug
BC Blue Cross	Vision Vision

To order additional forms, call 1-888-480-8850

EXPLANATION OF THE TERMINATION CODES

CODE 1 – Left Employment

This code is used when an employee terminates his or her employment and wishes to continue coverage on a direct-payment basis.

CODE 4 – Group to Group Transfer

This code is used when an employee is transferred from one group and/or payroll to another and is to retain his or her Blue Cross Coverage. Direct-payment coverage is not offered.

CODE 5 – Military Service

This code is used when an employee terminates his or her Blue Cross Coverage to enter military service. In this case, group conversion would not be offered.

CODE 6 – Deceased

This code is used whenever an employee dies. In cases where a spouse and/or dependent children remain, we will offer group conversion coverage on a direct-payment basis.

CODE 7 – Retired

This code is used when an employee retires but is ineligible for any other group program. Therefore, if the retiree is over 65, we would offer a 65-Special coverage on a direct-payment basis. If the retiree is under 65, we would offer the retiree and any dependents group conversion coverage on a direct payment basis.

CODE 8 – Another Insurance Carrier

This code is used when an employee terminates his or her coverage to transfer to another insurance carrier. In this case, group conversion coverage would not be offered.

CODE 11 – Medicare

This code is used when an employee becomes eligible for Medicare. We will offer a group conversion coverage on a direct-payment basis.

CODE 28 – Gross Misconduct

This code is used when an employee is terminated from organization due to gross misconduct. In this case, group conversion coverage would be offered.

CODE 29 – Request Cancel

This code is used when an employee requests termination of coverage. Direct Payment coverage is not offered.



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REPORT OF TERMINATION ACTIVITY		
Completed By	Telephone Number	Today's Date
Name of Company	Name of Association (if applicable)	

TERMINATIONS

Group Number	Member Identification Number	*Termination Code	Member Name (Last) (First) (MI)			Effective Date (MM/DD/YY)	Check Type of Coverage to be terminated									Remarks		
							ALL	POS	PPO	CV	BC	BS	MM	DRUG	VIS			

***TERMINATION CODES:**
 01 = Left Employment 06 = Deceased 11 = Medicare
 04 = Group to Group Transfer 07 = Retired 28 = Gross Misconduct
 05 = Military Service 08 = Another Insurance Carrier 29 = Request Cancel