

One Delta Drive PO Box 2002 Concord, NH 03302-2002 800-537-1715 603-223-1230 Eligibility 603-223-1252 Eligibility Fax

## Northeast Delta Dental Termination Report

**Please Note:** This form is for terminations only.

Web site: www.nedelta.com

NEDD USE ONLY								

**Reason Code** 

GROUP NUMBER	GROUP NAME	Date Submitted			TE RH	Termination of employment Reduction in hours
		Month	Day	Year	CE	COBRA non-payment COBRA expired
COMPLETED BY	TELEPHONE NUMBER				DE OT	Deceased Other

Social Socurity / ID #	Subscriber Name		Sublocation	Division	Last Date of	Reason	Coverage Termination
Social Security / ID #	Last	First	Number	DIVISION	Employment	Code	Date