



VACE *plus*

Termination Report

Please Note: This form is for terminations only.

Please mail to:
 VACE Insurance Program
 PO Box 810
 Montpelier, VT 05601-0810
 Telephone: 802-229-2231
 Fax: 802-223-4257

E-mail: vacehealth@vtchamber.com

Northeast Delta Dental 800-537-1715
 One Delta Drive (603)223-1230 Eligibility
 PO Box 2002 (603)223-1252 Eligibility Fax
 Concord, NH 03302-2002 Web site: www.nedelta.com

Reason Code

- TE** Termination of employment
- RH** Reduction in hours
- CN** COBRA non-payment
- CE** COBRA expired
- DE** Deceased
- OT** Other _____

GROUP NUMBER 7151-1001

GROUP NAME

Date Submitted

Month	Day	Year

COMPLETED BY

TELEPHONE NUMBER

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