



# VACE *plus*

**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

## Termination Report

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

GROUP NUMBER **7151-1001**

GROUP NAME

**Date Submitted**

Month	Day	Year

COMPLETED BY

TELEPHONE NUMBER

**Reason Code**

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

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