DELTA DENTAL®

Northeast Delta Dental
Termination Report

DeltaVision®

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

www.nedelta.com

Delta Dental Plan of Maine – Delta Dental Plan of New Hampshire – Delta Dental Plan of Vermont
Please send form to: eligibilitydepartment@nedelta.com or Eligibility Fax - (603) 223-1252
Northeast Delta Dental – One Delta Drive – PO Box 2002 – Concord, NH 03302-2002
1-800-537-1715 – nedelta.com - (603) 223-1230 Eligibility

GROUP NUMBER	GROUP NAME
71170 Dental 907151 Vision VACEPlus	
COMPLETED BY	TELEPHONE NUMBER

Date Submitted

Month	Day	Year

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 Last	First	Sublocation Number	Division	Last Date of Employment	Reason Code	Coverage Termination Date	Dental	Vision

Form # DVTR - 101309

Please keep a copy for your records