

## **Group Termination Form**

Oxford Health Plans (NY), Inc. • Oxford Health Insurance Inc.

Mailing Address: P.O. Box 29142, Hot Springs, AR 71903

I	. GROUP IDENT	IFI	C/	\TI	10	J																			
1.	Group name																								
2.	Group number:																								
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3.	Requested date of Group termination:				_ [			-																	
4.	Reason for Termination:			Ben	efits	[	⊐ Ra	ates	Ċ	JSe	ervic	е		Othe	er					-			 		
	Signature													Date	<del></del>					Ti	tle				
	Please Note: In order required. Signature m	ust	be	fro	m th	e P	resi						-	_								-			