DELTA DENTAL®

VACE *plus*

Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002

800-537-1715
(603)223-1230 Eligibility
(603)223-1252 Eligibility Fax
Web site: www.nedelta.com

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

Termination Report

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

GROUP NUMBER **7151-1001**	GROUP NAME
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

Please keep a copy for your records

Rev. 09262013
Form #VACE-TR