



# 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.*

### Reason Code

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

GROUP NUMBER <b>7151-1001</b>
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GROUP NAME
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### Date Submitted

Month	Day	Year

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