

Group Number: _____

Group Name: _____

Indicate below any changes to your billing address.	
Street Address:	
City, State, ZIP:	
Contact Person:	
Contact Phone Number:	Contact E-Mail:

This form should be used ONLY for employee terminations from your group vision plan.

To add employees to your insurance plan or to report employee status changes caused by a qualifying event, please submit a UPMC Vision *Advantage* Member Application and Change form.

If you have questions about your invoice, contact UPMC Vision *Advantage* at 1-888-499-6913.

Member Name	Member ID #	Last Full Day of Coverage	Reason for Termination*	Qualifying Event Code**	FW SEP (for UPMC use)
UPMC S/ENR (for UPMC use)					

*Possible reasons for termination from a group health insurance policy include resignation, dismissal from employment, retirement, death, moving out of the service area, etc.

**Qualifying event codes: 1C: Termination of employment; 2C: Reduction of work hours; 3C: Medicare; 4C: Death; 5C: Divorce; 7C: Ineligible child; 8C: Bankruptcy of retired employee

Completed by: _____ Date: _____

Do not return this form with your payment. Return to:

Attn: Commercial Enrollment
 UPMC Health Plan
 US Steel Tower, 23rd Floor
 600 Grant Street
 Pittsburgh PA 15219

Fax to: 412-454-7770