



Northeast Delta Dental Termination Report



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