

## Group Cancellation Form

To be filled out by the Benefits Administrator. Please complete and submit to CoPower before the cancellation effective date. Please check your plan contract for details on plan cancellation notification requirements. If information is not received as requested, CoPower cannot be held responsible for any processing delay or charges.

Group Cancellation Information		
Group Name:		CoPower ID#:
Group Benefits Administrator:	Contact Phone Number:	Email:
Cancel (check one): <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> LTD <input type="checkbox"/> Chiro/Acu <input type="checkbox"/> All		Cancellation Effective Date (last day of month):

Changing Coverage
Change of Carrier Coverage <input type="checkbox"/> Changed to Other Ancillary Carrier <input type="checkbox"/> Coverage No Longer Offered <input type="checkbox"/> Changed to Medical Carrier's ancillary plans <input type="checkbox"/> Changed to Ancillary Carrier Direct Name of new carrier: _____

Reason for Cancellation/Changing Coverage (Check all that apply.)
<input type="checkbox"/> Acquisition, Merger, or Company Sold <input type="checkbox"/> Need Richer Benefits <input type="checkbox"/> Cutting Costs <input type="checkbox"/> Price/Rates <input type="checkbox"/> Bankruptcy / Closure <input type="checkbox"/> Administration Fee <input type="checkbox"/> Company Relocated Out Of State <input type="checkbox"/> Member Out-of-Pocket Costs High <input type="checkbox"/> Downgraded Benefits to Lower Cost <input type="checkbox"/> CoPower Services <input type="checkbox"/> Change to Voluntary Plan <input type="checkbox"/> Plan Provider Network <input type="checkbox"/> Other, please explain: _____

Benefits Administrator Signature	
Signature (Benefits Administrator):	Date:
Print Name:	

### Survey

In an effort to improve our service quality and meet our customer's needs and expectations, we would greatly appreciate you taking a few moments to complete this survey.

Service Reviewed	Service Rating (1-10) (10 = Best service)
Would you consider doing business with CoPower in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did our service meet your expectations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you recommend CoPower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any suggestions for improving our services?	

**Thank you for your business. CoPower is pleased to have served you!**