



ND

Request for Cancellation

An independent licensee of the Blue Cross & Blue Shield Association

Name: *Please Print* _____

Effective Date Requested: _____

Please cancel my:

- Blue Cross Blue Shield
- AD & D

Benefit Plan No. _____

Benefit Plan No. _____

Reason for Cancellation:

Cancellation requests must reach the Blue Cross Blue Shield Office before the first of the month of the requested cancellation date, and by the subscriber.

SIGNATURE : _____ TELEPHONE: _____ DATE: _____

Blue Cross Blue Shield of North Dakota, 4510 13th Ave S, Fargo, ND 58121.