FARM BUREAU HEALTH PLANS®
MICHIGAN
Insured by Members Health Insurance Company

Farm Bureau Health Plans of Michigan
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Columbia, TN 38402-1424
Phone: 833-282-5975
Billing Fax: 931-560-4278
billingforms@fbhpservices.com

FBHPMI COVERAGE CANCELLATION FORM

FBHPMI ID No.	Subscriber Name	
State	Group No.	Subscriber's Date of Birth

☐ **Cancel my coverage.** **(Please see "Coverage Termination" section below.)**

Reason: ☐ Obtained Employer Coverage ☐ Other Individual Coverage ☐ Affordability

Effective Date of Cancellation: _____/_____/_____

Subscriber Signature: X _____ Date:_____

☐ **Cancel coverage due to death.** **Subscriber Deceased on: _____/_____/_____**

(Please provide us with the name and address of the Executor of the Estate.)

Executor's Name: _____ Daytime Phone No:_____

Mailing Address:_____

City:_____ State: _____ Zip Code: _____

Executor's Signature: X_____ Date:_____

It is a crime to knowingly provide false, incomplete or misleading information for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.

Coverage Termination

You, as a Subscriber, can cancel the Coverage for any reason by giving 10 days written notice to Farm Bureau Health Plans of Michigan. Your coverage will terminate the following paid-to date. ***Please note - once a cancellation is processed it cannot be revoked. In order to obtain new coverage, medical underwriting for approval and pre-existing condition waiting periods will apply.***

If Coverage terminates as a result of Your death and there are no dependents covered, Coverage ends on the date of death and Your estate is entitled to a refund of any unused premiums.

If You are on a monthly bank draft, You have the option to stop payment at Your bank, provided You present Your bank with the proper account information and exact bank draft amount.

Farm Bureau Health Plans of Michigan may also cancel this Coverage. You will be given 30 days written notice. Such notice will be binding if mailed to You at the address last shown in Our records. It is Your responsibility to maintain Your current address on file with Michigan Farm Bureau Health Plans at all times.