BlueCross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association.

HMO Louisiana, Inc.
A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

COVERAGE CANCELLATION

GROUP NAME	GROUP NUMBER

Coverage with Blue Cross and Blue Shield of Louisiana will terminate on the following employees:

EMPLOYEE'S NAME	CONTRACT NUMBER
EMPLOYEE'S ADDRESS	
LAST DATE OF EMPLOYMENT	

EMPLOYEE'S NAME	CONTRACT NUMBER
EMPLOYEE'S ADDRESS	
LAST DATE OF EMPLOYMENT	

EMPLOYEE'S NAME	CONTRACT NUMBER
EMPLOYEE'S ADDRESS	
LAST DATE OF EMPLOYMENT	

EMPLOYEE'S NAME	CONTRACT NUMBER
EMPLOYEE'S ADDRESS	
LAST DATE OF EMPLOYMENT	

X ______________________________ ______________

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE GROUP DATE

Please fax this form to (225) 298-2988 or mail to:

Blue Cross and Blue Shield of Louisiana
Attention: Membership and Billing Department
P. O. Box 98029
Baton Rouge, LA 70898-9029