DELTA DENTAL®
Northeast Delta Dental

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603-223-1230 Eligibility
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Termination Report

Please Note: *This form is for terminations only.*

Web site: www.nedelta.com

NEDD USE ONLY

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 Last	Subscriber Name First	Sublocation Number	Division	Last Date of Employment	Reason Code	Coverage Termination Date

Please keep a copy for your records