DELTA DENTAL®
Northeast Delta Dental

VACE Insurance Program
Provided by Chamber Benefits, Inc.

Termination Report

Please mail to:
VACE Insurance Program
PO Box 810
Montpelier, VT 05601-0810
Telephone: 802-229-2231
Fax: 802-223-4257
E-mail: vacehealth@vtchamber.com

Name of Group _____

Form Completed By _____

Group No. **7151-1001** Group Tele. # _____

Please Note: *This form is for terminations only. Please submit a completed enrollment form separately for all new hires and family status changes.*

Date Submitted

Month	Day	Year

Subscriber ID #	Subscriber Name Last	First	Sublocation Number	Last Day of Employment	Effective Date of Termination

White Copy - Northeast Delta Dental **Canary Copy** - Employer