DELTA DENTAL®

Northeast Delta Dental

Termination Report

DeltaVision®

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

www.nedelta.com

Delta Dental Plan of Maine – Delta Dental Plan of New Hampshire – Delta Dental Plan of Vermont
Please send form to: eligibilitydepartment@nedelta.com or Eligibility Fax - (603) 223-1252
Northeast Delta Dental – One Delta Drive – PO Box 2002 – Concord, NH 03302-2002
1-800-537-1715 – nedelta.com - (603) 223-1230 Eligibility

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	First	Sublocation Number	Division	Last Date of Employment	Reason Code	Coverage Termination Date	Dental	Vision

Form # DVTR - 101309

Please keep a copy for your records