



HAWAII MEDICAL ASSURANCE ASSOCIATION

737 Bishop Street, Suite 1200  
Honolulu, Hawaii 96813  
Phone: (808) 941-4622  
Toll-Free: (888) 941-4622  
Fax: (808) 535-8353

## MEMBER CHANGE OR TERMINATION FORM

**All terminations must be submitted in writing on or before the last day of the month in which eligibility ends.  
HMAA cannot accept retroactive terminations.**

**Note: This form is not to be used for enrollments or for cancellation of COBRA eligible members (see below).**

*Please print in black ink.*

### Group Information

**Group Name:**

**Policy/Division #:**

**Completed by:**

**Phone:**

**Fax:**

**E-mail:**

### Member Change or Termination Information

Member ID #	Member Name (Last, First)	Dependent Name (if applicable)	Terminate	Change Info	Deceased	Effective Date *	Updated Status or Contact Info
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						/ /	
						/ /	
						/ /	
						/ /	

\* For terminations, indicate last date of employment. For deceased members, indicate date of death.

Note: If your company is COBRA eligible, please submit a **COBRA Qualifying Event Form** for member terminations. To obtain a copy of this form or if you have any questions, please feel free to call our Customer Service Center at (808) 941-4622 or toll-free at (888) 941-4622.

**Signature of authorized individual**

**Print Name**

**Title**

**Date**