



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.

*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	Deceased	Change Info	Effective Date *	Updated Status or Contact Info
						/ /	
						/ /	
						/ /	
						/ /	
						/ /	

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

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. You may also obtain a copy of this form on our website at hmaa.com.

\_\_\_\_\_  
**Signature of authorized individual** **Print Name** **Title** **Date**