

Automobile Dealers Accessory Corporation
Termination of Benefits
Request Form

Please print or type

Dealership name: _____

Group number: _____

Carrier: *(put a check mark in the appropriate boxes)*

- Fort Dearborn Life and Disability
- Blue Cross Blue Shield
- Blue Care Network *(Important: An enrollment change of status form must accompany all BCN terminations.)*

Employee: _____
LAST NAME FIRST NAME MI

Social Security No. _____

Cancellation date: _____

AUTHORIZED SIGNATURE TITLE DATE

Please return the completed forms to:

ADA Insurance Department
P.O. Box 2525
East Lansing, MI 48826-2525
Toll-free phone: (800) 292-1923
Facsimile: (517) 351-3110

*All termination request forms must be received within
30 days of the termination date.*