NEBRASKA

Blue Cross and Blue Shield of Nebraska is an Independent

EHA Notice of Retiring or Terminating Group Coverage (Age 50 and Over)

Date: _____

Group Name: _____ Group Number: _____

Whenever an employee age 50 or over retires or terminates from your Educators Health Alliance group plan, please complete the information requested below and send it to us so that we can confirm eligibility requirements for the Direct Bill Plan or the NSEA-R Blue Senior Classic Medicare Supplement Plan. Please fax or send this information to:

Blue Cross and Blue Shield of Nebraska
1233 Lincoln Mall, Suite 100
Lincoln, NE 68508-3912
Fax: (402) 477-2952

Terminating or Retiree Subscriber	EHN Number	Date of Coverage Termination

SIGNATURE: _____