



A UnitedHealthcare Company

Notification of Termination

Date: _____

Group Name: _____

Group Number: _____

Payer Name: _____

Termination Date: _____

Products (check each)

- OneNet PPO
- OneNet UM
- MAPSI
- MAPSI UM
- Dental PPO
- Dental Discount

Submitted By: _____

Title: _____

Telephone #: _____

Approved By: _____ Date: _____