



# Member Transfer Form

Submitting Board:

\_\_\_\_\_  
\_\_\_\_\_

Claims & Membership Department

Secured FAX #: \_\_\_\_\_ -or-

Secured form of communication: \_\_\_\_\_

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## FAX TRANSFER FORM

To: \_\_\_\_\_

From: \_\_\_\_\_

County: \_\_\_\_\_

Phone Extension: \_\_\_\_\_

FAX #: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Total Pages, Including Cover: \_\_\_\_\_

Re: MEMBER TRANSFER

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Client Name: \_\_\_\_\_

Client D.O.B.: \_\_\_\_\_

Our board ID#: \_\_\_\_\_

Your Board ID#: \_\_\_\_\_

Start Date (include all): \_\_\_\_\_

Term Date (include all): \_\_\_\_\_  
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### MESSAGE:

The \_\_\_\_\_ County Board has determined that the above listed member, having been previously enrolled in your Board's Group Plan, is now a resident of \_\_\_\_\_ County. **We are requesting that your Board terminate your Board's span/ coverage.** The \_\_\_\_\_ County Board will assume financial responsibility for this member as of the effective date noted above. **Please return this fax as confirmation that the span has been terminated.**

Date Span Closed: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under Sect. 42 CFR, Part 2 and 45 CFR Parts 160, 162, and 164, federal confidentiality rules and other applicable laws. If the reader of this message is not the intended recipient, or the employee, or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify us immediately by telephone, and return the original message to us at the above address via the United States Postal Service.