



MEDICAL MUTUAL OF OHIO
Your healthcare partner since 1934

Please return form to
 Attn: Membership Department
 Medical Mutual of Ohio®
 P.O. Box 943
 Toledo, OH 43656-0001

ADVANCE TERMINATION NOTICE

Date	Group No.	Group Name		
Policyholder Certificate No.		Policyholder Name		
Address	Street	City	State	Zip Code
Termination Date	<input type="checkbox"/> Left Employment	<input type="checkbox"/> Deceased	Date of Death	
Group/Policyholder Authorization				
To ensure proper billing adjustments, we must receive notice of cancellation within 31 days from the policyholder's termination date.				
FOR MMO USE ONLY				

Mail the white copy to Medical Mutual of Ohio®. Retain the canary copy for your records.

