

## **Health Solutions**

**Religious Medical Trust** 1205 Windham Parkway Romeoville, IL 60446 800.807.0100 / 630.378.2505 fax

## **Member Termination Form**

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to HealthEnrollment@CBServices.org.	
Date From	Phone Number
Religious Order Number	Religious Order Name
Current Personal Information	
Member's Name (Last, First, Middle Initial)	Social Security Number
Termination Information	
Termination Date Reason for Terminati	tion
Death	(Date of Death)
Medicaid	(Date Medicaid Became Effective)
Other	
	1/20/2/

1/2025