



Corporate Office
135 Wood Road
Braintree, MA 02184
781.848.4950

Health New England Compass Premier PPO Disenrollment Request Form

If you request disenrollment, you will continue to receive all medical care from Health New England Compass Premier PPO until the effective date of disenrollment.

First Name: _____ Last Name: _____

HSA Account Number: _____

Member Identification Number: _____

Signature: _____ Date: _____

Requested Term Date: _____

Each Member must sign and date the form. The term date must be the last day of the month. The form must be signed and dated prior to the term date.