



9500 Topanga Canyon Blvd.  
Chatsworth, CA 91311  
Tel 818-678-0040  
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# Local 18

## medical and/or dental plan termination form

**We need your termination in writing from you.**

Employee Name (Print): \_\_\_\_\_

Employee Number: \_\_\_\_\_

\_\_\_\_\_ Terminate Local 18 Anthem Blue Cross Medical Plan

\_\_\_\_\_ Terminate Local 18 Guardian Dental Plan

Termination effective date \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**WET SIGNATURE REQUIRED**

Please return this form using one of the following methods. We will update our records and the insurance carriers.

Mail:  
Local 18 Benefit Service Center  
9500 Topanga Canyon Blvd  
Chatsworth, CA 91311

Fax: (818) 477-1476  
Email: [local18@mybenefitchoices.com](mailto:local18@mybenefitchoices.com)