



9500 Topanga Canyon Blvd.
Chatsworth, CA 91311
Tel 818-678-0040
Fax 818-477-1476
www.bscinc.com

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 **7/1/24 = OPEN ENROLLMENT**

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