

To: Sutter Health Plus
P.O. Box 160305
Sacramento, CA 95816
Fax: 916-736-5421 or
855-759-8755
Sutterhealthplus.org

Date: _____
Today's Date – Month, Day, Year

RE: REQUEST FOR REVIEW OF CANCELLATION, RESCISSION, OR NONRENEWAL OF HEALTH CARE SERVICE PLAN BENEFITS

I request that the Sutter Health Plus Grievances and Appeals Department review the cancellation, rescission or nonrenewal of the plan contract, enrollment or subscription for health plan benefits pursuant to sections 1365 or 1389.21 of the Knox-Keene Health Care Service Plan Act of 1975, as follows:

1. Name of enrollee, subscriber or group contract holder whose benefits were cancelled, rescinded or not renewed:

Full Name – First, Middle and Last Names

2. Name of subscriber, if different than item "1" above:

Full Name – First, Middle and Last Names

3. Name of plan:

4. Subscriber or Enrollee Account or Identification Number:

5. If applicable, the Group Identification Number:

6. Date notice of cancellation was received (if known):

Date of Notice: _____
Month, Day, Year

7. Attach copies of:

- (a) The notice of cancellation sent by the plan.
- (b) Any correspondence with the plan regarding the cancellation, rescission or nonrenewal.
- (c) Proof of payment for the last paid coverage period and date of payment.

8. Do you know why the plan cancelled, rescinded or did not renew your coverage? If yes, please explain.

Yes No

9. State why you believe the cancellation, rescission or nonrenewal is wrong.

10. Explain why you believe the cause or causes for cancellation described in the notice of cancellation are wrong. Attach copies of any documents that help explain your position.

11. Does the cancellation, rescission or nonrenewal prevent you or any enrollee covered under the policy from receiving medically necessary health care services? If "yes," please explain:

Yes No

12. Has the person named in item "11" above, whose health care benefits were cancelled, rescinded or not renewed, received any medical or health care since the cancellation, rescission or nonrenewal? If "yes," what services were received and how much did they cost?

Yes No

Signature of Complainant
