

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)
PAYMENT DISCONTINUANCE REQUEST FORM



Although you have met the eligibility requirements to receive application assistance payments from the Pre-Existing Condition Insurance Plan (PCIP), your organization has the right to request **NOT** to receive any future payments. If you choose to **NOT** receive payments any longer, you **must** complete this form and submit it to PCIP.

ENROLLMENT ENTITY INFORMATION	
DATE FORM SUBMITTED	
ENROLLMENT ENTITY (EE) AUTHORIZED CONTACT ORIGINAL SIGNATURE	
EE AUTHORIZED CONTACT NAME (Please print)	
EE NUMBER	
EE NAME	
EE TELEPHONE NUMBER	
EE EMAIL ADDRESS	
INSURANCE AGENT AND BROKER INFORMATION	
DATE FORM SUBMITTED	
AGENT/BROKER ORIGINAL SIGNATURE	
AGENT/BROKER NAME (Please print)	
CA AGENT/BROKER LICENSE NUMBER	
TAX I.D./SOCIAL SECURITY NUMBER	
AGENT/BROKER TELEPHONE NUMBER	
AGENT/BROKER EMAIL ADDRESS	

In the space provided below, please provide the primary reason you are requesting to stop receiving application assistance payments. Include an attachment with this form if necessary.

Check this box if primary reason is due to receiving Grant Funds for application assistance activities. What are the Grantor's name and telephone and mailing contact information?

What is the Grant's scope of work that you feel disqualifies you from receiving application assistance payments?

Other Reason (please explain below).

Check attached. Check Number _____ Check Amount _____

Additional documentation attached.

Mail to:
PCIP Liaison
625 Coolidge Dr. Suite 100
Folsom, CA 95630
Or
Fax to:
(916) 673-4500
Attn: PCIP EE/CAA Liaison