



St. Luke's Health Plan, Inc.
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Boise, ID 83702-5809
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Fax: 833-840-1209
stlukeshealthplan.org

Cancellation of Authorized Representative - Group

To cancel a previous approval of an Authorized Representative, please fill out all the information below and return it to us. If you cancel your Authorized Representative, we will stop sharing any and all information with that person.

Employer Name: _____
Group ID #: _____
Employer Contact Name: _____
Employer Title: _____
Employer Phone: _____
Employer Email: _____

I hereby revoke any previous approval(s) of the person below to act as an Authorized Representative:

Name of Previously Designated Representative: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____

This cancellation will be effective as soon as possible after receipt of this form by St. Luke's Health Plan.

Signature: _____ **Date:** _____

Printed Name: _____