



RETIREE INSURANCE CANCELLATION FORM

RETIREE INFORMATION

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Female Male
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Contact Phone #: (____) _____ - _____ Alt. Phone #: (____) _____ - _____

Effective Date of Cancellation: _____ (submit prior to the 5th of the month or changes will reflect the next month)

CANCELLATION INFORMATION

MEDICAL	DENTAL	VISION	LIFE INS
Please check the appropriate type for <u>MEDICAL</u> cancellation: <input type="checkbox"/> Retiree Medical Insurance <input type="checkbox"/> Dependent(s) Medical Insurance* <input type="checkbox"/> Retiree and Dependent Medical Insurance <i>*If you cancel your retiree medical benefits, you will NOT be allowed to re-enroll in this medical benefit in the future</i>	Please check the appropriate type for <u>DENTAL</u> cancellation: <input type="checkbox"/> Retiree Dental Insurance <input type="checkbox"/> Dependent(s) Dental Insurance* <input type="checkbox"/> Retiree and Dependent Dental Insurance <i>*You can not continue dental without medical</i>	Please check the appropriate type for <u>VISION</u> cancellation: <input type="checkbox"/> Retiree Vision Insurance <input type="checkbox"/> Dependent(s) Vision Insurance* <input type="checkbox"/> Retiree and Dependent Vision Insurance <i>*You can not continue vision without medical</i>	Please check the appropriate type for <u>LIFE</u> cancellation: <input type="checkbox"/> Retiree Life Ins <i>*If you cancel your retiree life benefits, you will NOT be allowed to re-enroll in this benefit in the future</i>

****Should you cancel medical, dental, or vision benefits for yourself and/or a dependent(s), you will NOT be allowed to reinstate coverage at any time -- even if you lose coverage elsewhere***

Please list dependents to be removed/cancelled in the 'dependent information' section below.

DEPENDENT CANCELLATION INFORMATION

Name	SSN	Relationship	Date of Birth	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Retiree Signature: _____

Date: _____

BENEFITS USE ONLY - EFFECTIVE DATE OF CHANGE: _____