

Retiree Medical and/or Dental Cancellation Form

Complete this form only if you wish to cancel your current medical and/or dental coverage through the City of Tucson group plan.

Please cancel my City of Tucson group coverage for the policies marked below for myself and my dependents.

- I understand that I and my qualifying dependent(s) (if applicable) will not be permitted to (re)join a City of Tucson plan except during Open Enrollment or due to a qualifying life event, provided we still qualify under the terms of the City's programs and meet prescribed deadlines
- Additionally, I understand that I and my qualifying dependent(s) (if applicable) will not be permitted to (re)join a City of Tucson **dental** plan unless I provide proof of other continuous dental insurance coverage by prescribed deadlines
- For details, visit the Insurance Handbook at www.tucsonaz.gov/enroll

Terminate my current **medical** enrollment effective the last day of the month of _____, 20____. (Effective dates must be *prospective*. They may not be *retroactive*. For example, if the COT Benefits Office receives your form in July, you may drop coverage effective the following August 1st or later.)

Terminate my current **dental** enrollment effective the last day of the month of _____, 20____. (Effective dates must be *prospective*. They may not be *retroactive*. For example, if the COT Benefits Office receives your form in July, you may drop coverage effective the following August 1st or later.)

Name (printed legibly): _____

Retiree's signature: _____

Retiree's address: Street _____

City, State, ZIP _____

Phone _____

E-mail _____

Retiree's Social Security Number: _____

Date: _____

Your social security information is considered confidential and will not be sold, shared or provided to any person or organization for marketing, sales, or for any other purpose not related to discontinuing medical coverage. It is for the sole use of the City of Tucson.

Please return your form to:

City of Tucson Benefits Office
255 W. Alameda, 5th Floor
PO Box 27210, Tucson, AZ 85726-7210
Phone: 520-791-4597 FAX: 520-791-5942