

**OFFICE OF PENSIONS
TERMINATION FORM - MEDICAL COVERAGE**

(Use this form to Terminate Medical Insurance Coverage for Yourself and/or your Spouse and/or Dependents)

Medical insurance elections are “Binding Elections.”

You may only terminate your medical insurance coverage during the annual open enrollment period or due to a qualifying event per the State of Delaware Eligibility and Enrollment Regulations.

You may make changes to your coverage within 30 days of a qualifying event with required verification.

Pensioner’s Name: _____ **SS# or Employee ID:** _____

Please mark the coverage below to be terminated:

- | | |
|--|--|
| _____ Highmark Delaware First State Basic | _____ Highmark Special Medicfill & Prescription |
| _____ Highmark Delaware Comp PPO | _____ Highmark Special Medicfill No Prescription |
| _____ Aetna HMO | |
| _____ Aetna Consumer Directed Health Gold | |

I wish to terminate my medical insurance offered through the Delaware Public Employees’ Retirement System during the annual open enrollment period to become effective July 1, 20_____.

OR

I wish to terminate my medical insurance effective _____ (date) due to a qualifying event. I am including documentation verifying this qualifying event as required.

I wish to terminate the medical insurance for only my spouse and/or dependent(s) listed below* effective _____ due to a qualifying event. I am including documentation verifying this qualifying event as required.

***LIST SPOUSE / DEPENDENT(S) BELOW:**

Pensioner’s Signature

Date

Phone Number

By signing this form, I understand that I can only re-enroll during the annual open enrollment period or within 30 days of a qualifying event by providing verification with the appropriate application form.

Please return this form to the Office of Pensions using one of the following methods:

Mail to:
Office of Pensions
McArdle Building
860 Silver Lake Blvd., Ste 1
Dover, DE 19904-2402

Scan & E-Mail to:
pensionoffice@state.de.us

Fax to:
302-739-6129