

**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:**

- |   |  |
|---|--|
| _____ <b>Highmark First State Basic</b>             | _____ <b>Aetna HMO</b>                                     |
| _____ <b>Highmark IPA/HMO</b>                       | _____ <b>Aetna Consumer Directed Health Gold</b>           |
| _____ <b>Highmark Comp PPO</b>                      | _____ <b>Highmark Special Medicfill &amp; Prescription</b> |
| _____ <b>Highmark Consumer Directed Health Gold</b> | _____ <b>Highmark Special Medicfill-No Prescription</b>    |

**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@delaware.gov](mailto:pensionoffice@delaware.gov)**

**Fax to:  
302-739-6129**