



# Retiree Cancellation of Health and/or Dental Insurance

Retiree Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Last four of Social Security Number \_\_\_\_\_  
 Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health Insurance

I elect to cancel my State of Iowa health coverage for myself and my eligible dependents

Effective date of cancellation \_\_\_\_\_ (must always be the first day of the month)  
(Example: if you put June 1 this would mean you have health insurance coverage through May 31.)

## Dental Insurance

I elect to cancel my State of Iowa dental coverage for myself and my eligible dependents

Effective date of cancellation \_\_\_\_\_ (must always be the first day of the month)  
(Example: if you put June 1 this would mean you have health insurance coverage through May 31.)

## Group MedicareBlue Rx

To cancel Group MedicareBlue Rx (\$5/\$10/20%/45%/33%) plan, you must request a disenrollment form from MedicareBlue Rx by calling 877-838-3827.

I understand that canceling State of Iowa retiree health and/or dental insurance coverage means I will not be eligible to rejoin the group at a later date.

Retiree Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form:

|   |   |                             |
|---|---|-----------------------------|
| <b>Mail:</b><br>Retiree Services<br>State of Iowa, DAS/HRE<br>Hoover Building Level A<br>1305 E Walnut St<br>Des Moines, IA 50319 | <b>Email:</b><br>stateretirees@iowa.gov | <b>Fax:</b><br>515.242.6450 |
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