



HEALTH CARE COVERAGE: VOLUNTARY TERMINATION OF MEDICAL/PHARMACY COVERAGE

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)
www.opers.org



STEP 1: Personal Information

Member Social Security Number

□□□□—□□□□—□□□□□□

Beneficiary Social Security Number
(Only if you are receiving a survivor benefit)

□□□□—□□□□—□□□□□□

First Name

□□□□□□□□□□□□□□□□

MI

□

Last Name

□□□□□□□□□□□□□□□□

STEP 2: Termination of OPERS Group Medical/Pharmacy Coverage

I wish to voluntarily terminate my OPERS group medical/pharmacy coverage, which will also terminate my dependents' OPERS group medical/pharmacy coverage or HRA allowance, if applicable. I have read the *OPERS Health Care Coverage Guide* and understand my rights regarding re-enrollment in the OPERS group medical/pharmacy plan.

Recipient Signature
(Recipient only, not spouse)

Date

STOP By signing above, you are terminating your OPERS group medical/pharmacy coverage in addition to your dependents' OPERS group medical/pharmacy coverage. If you want to terminate the OPERS medical/pharmacy coverage only for your spouse and/or child(ren), DO NOT SIGN ABOVE. Follow the instructions in Step 3 and/or Step 4 to terminate the appropriate dependent coverage.

STEP 3: Ineligibility/Termination of OPERS Group Medical/Pharmacy Coverage for Spouse

Death (Please provide copy of death certificate. Originals will not be returned.)

Date of Death

□□ / □□ / □□□□□□

Marriage termination due to divorce, dissolution or annulment (Include a certified copy of your divorce, dissolution or annulment decree.)

Date of Marriage Termination

□□ / □□ / □□□□□□

Coverage through own retirement account with one of the Ohio Retirement Systems (Check applicable Ohio Retirement System.)

Ohio PERS

SERS

STRS

OP&F

HPRS

Account Number

□□□□—□□□□—□□□□□□

Please note: Once this form has been processed by OPERS, you cannot resind your termination request. Your next opportunity to enroll yourself or your dependents in coverage will be during open enrollment or following a qualifying event.

