



Voluntary Termination of Medical/Pharmacy Coverage Instructions

Use this form to terminate your medical/pharmacy coverage or terminate dependent medical/pharmacy coverage.

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

A	B	C		1	2	3
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Fill in bullet selections like this: Female

CHECKLIST OF REQUIRED DOCUMENTS

The following items, *if applicable to your dependents*, must be collected, and sent with your health care termination form in order for OPERS to successfully process your request for termination of dependent health care coverage. Omission of these items will result in delay of processing.

- Death certificate for dependent
- Certified copy of divorce, dissolution or annulment decree

If you need additional help

If you have questions about this form or personal information changes, visit www.opers.org to access your account online or call 1-800-222-7377 to speak with a Member Services Representative.

STEP 1: Personal Information

The information requested in this step is required and must be completed.

STEP 2: Termination of OPERS Group Medical/Pharmacy Coverage

Please note: If you wish to terminate dependent coverage but continue coverage for yourself, do not complete this section. Skip to Step 3 and/or Step 4 as necessary.

If you elect to voluntarily terminate OPERS group medical and pharmacy coverage for yourself, you will also be terminating coverage and/or Health Reimbursement Arrangement (HRA) allowance for your eligible dependents. This election does not include the vision or dental plans. Your signature is required in this section if you elect to voluntarily terminate your OPERS group medical and pharmacy coverage and/or HRA allowance(s) if applicable. Once this form has been processed by OPERS, you cannot resend your termination request. Your next opportunity to enroll yourself or your dependents in coverage will be during open enrollment or following a qualifying event.

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

Complete this section if your spouse becomes ineligible for and/or you wish to terminate OPERS group medical and pharmacy coverage for your spouse.

- You must notify OPERS within 30 days of any change in your spouse's eligibility.
- You will be responsible for any overpayment(s).

STEP 4: Termination of OPERS Group Medical/Pharmacy Coverage for Children

Complete this section if you wish to terminate OPERS group medical and pharmacy coverage for your child(ren). Please include a separate sheet for any additional children and provide all the requested information for each child.

Recipient Signature

Your signature is required in order for OPERS to process your request for dependent OPERS health care plan termination.

