



# 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](http://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: Voluntary Termination of 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, 4 and/or 5 as necessary.**

If you elect to voluntarily terminate OPERS group medical and pharmacy coverage for yourself, you will also be terminating coverage and 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 allowance(s) if applicable. Termination of medical and pharmacy coverage will occur the first day of the month following receipt of the completed form, providing the form is received by the 10th of the month. If the form is received after the 10th of the month, termination of coverage is effective on the first day of the second month following receipt of the form.

## STEP 3: Notification of Spouse Ineligibility

Complete this section if your spouse is no longer eligible for the OPERS health care plan. You must notify OPERS within 30 days of any change in your spouse's eligibility. You will be responsible for any overpayment(s) resulting from your failure to notify OPERS that your spouse has become ineligible for OPERS health care plans.

## STEP 4: Terminate OPERS Group Coverage for Spouse

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

## STEP 5: Notification of Death and/or Terminate Coverage for Children

Complete this section if you wish to notify of death of child(ren) or 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.

