



The City of OKLAHOMA CITY

Employee Benefits Division
420 West Main, Suite 110
Oklahoma City, OK 73102

Retiree Name

Retiree ID or SSN

Address

Phone

City

State Zip Code

You have requested termination of one or all of your insurance coverage(s) below as a retiree with the City of Oklahoma City. Please be aware that once you and/or your spouse cancel coverage under the health or life insurance plans you and/or your spouse are never allowed to re-enroll in the City's health or life insurance plan. In addition, if you terminate your coverage, your dependents and/or a spouse's coverage under the plan(s) will also terminate.

Please read the statement below, circle the benefit you wish to terminate and sign below to acknowledge your understanding. Return the signed form to our office at the address listed above.

Coverage will be terminated effective the first of the month following the date Employee Benefits receives this signed letter.

Terminate health insurance for:

_____ List names of all person to have coverage terminated

Terminate my retiree life insurance:

_____ Indicate YES or NO

I understand that if I choose to terminate my insurance coverage as a retiree with the City of Oklahoma City, I will not be allowed to re-enroll in medical and/or life insurance at any time in the future.

Signature

Date

Spouse Signature

Date

Please feel free to contact our office at 405-297-2144 if you have any questions.

Sincerely,

City of Oklahoma City
Personnel Department – Employee Benefits Division

Office Use Only: Benefit Participation Screen Entry

Medical Life Insurance
NM(Field 2)____NL(Field 3)____ Entered By____ Date____