

LOS RIOS COMMUNITY COLLEGE DISTRICT
RETIREE MEDICAL PLAN CANCELTION FORM

LAST NAME:

FIRST NAME:

EFFECTIVE DATE:

You have the option of canceling the District coverage without forfeiting your ability to re-enroll in a District medical plan when becoming Medicare eligible.

OPTION TO RE-ENROLL IN A DISTRICT MEDICAL PLAN

In order to re-enroll in a District plan, you must:

- **Provide evidence of continued coverage from the date of cancelation of the District Coverage**
- **Provide evidence of enrollment in Medicare, and elect a District medical plan upon turning 65, or otherwise becoming Medicare eligible**

You will have a seven month window to contact the Employee Benefits Department to obtain the appropriate enrollment forms and return them. This seven month period includes the three months prior to your 65th birthday, the month of your birthday, and the three months after your 65th birthday. If you become Medicare eligible prior to age 65, the seven month window is the three months before, the month of, and the three months after your Medicare eligibility date, NOT your 65th birthday. **A SECOND ENROLLMENT WINDOW WILL NOT BE GIVEN WHEN YOU THEN REACH 65.**

If you do cancel your District medical insurance, it is your responsibility to contact the Employee Benefits Department within the specified time frame if you wish to re-enroll in a District sponsored health plan.

Specific correspondence or reminders will not be sent by the District.

This provision does not extend to surviving spouses or dependents, i.e. if a retiree passes away, the surviving spouse and/or dependents are not eligible to re-elect a Los Rios plan, or drop a Los Rios plan and return at Medicare eligibility.

Also, this provision does not apply to Dental Coverage.

I have read and understand the above notification. By signing below, I certify that I understand the above information, and that my canceling Medical Coverage is accurate.

Retiree Signature: _____

Date: _____