

## Health Insurance Disenrollment Form

To disenroll from medical, dental, or vision insurance offered through DERP, complete, sign, and submit this form. Your coverage will end on the last day of the month after we receive your form.

If you wish to re-enroll, you must wait until the next **Open Enrollment** period unless you experience a qualifying life event. In that case, you must submit a [Health Insurance Election Form](#) within 30 days of your qualifying life event.

### Step 1 – Provide Your Information (All fields must be populated.)

Name (First, Middle Initial, Last)

DERP ID (call our office if you don't know your ID)

Address and/or P.O. Box, City, State, Zip Code

Personal Email Address

Personal Phone Number

### Step 2 – Tell Us Why Are You Disenrolling and the Effective Date

Voluntary

Medicare Eligible

Effective Date

You may choose a future disenrollment date, but it must be the last day of a month. If left blank, your coverage will end on the last day of the month after we receive this form.

### Step 3– Tell Us the Insurance Plan(s) You Want to Disenroll From

#### Medical

Check the box next to your medical plan if you want to disenroll. Leave it unchecked if you want to keep your coverage.

Non-Medicare Medical				Medicare Advantage Medical	
Kaiser		UnitedHealthCare		Kaiser	Humana
HDHP	DHMO	HDHP	Colorado Only Colorado Doctor's Plan	Colorado HMO	PPO

#### Dental

Check the box next to your dental plan if you want to disenroll. Leave it unchecked if you want to keep your coverage.

Cigna		Delta	
DHMO	PPO Low	PPO High	EPO
			PPO Low

#### Vision

Check the box next to VSP if you want to disenroll. Leave it unchecked if you want to keep your coverage.

 VSP

**Step 4 – Tell Us Who You’re Disenrolling**

Name (First, Middle Initial, Last)	Relation	Gender		Birth Date	SSN	Cancel Medical		Cancel Dental		Cancel Vision	
	Self	M	F			Y	N	Y	N	Y	N
	Spouse	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N
	Child	M	F			Y	N	Y	N	Y	N

**Step 5 – Certification** Your Health Insurance Disenrollment Form will not be processed without a handwritten signature.  
Electronic signatures are not accepted.

By signing this form, I understand and agree with the following:

- ✓ I'm requesting cancellation of the medical, dental, and/or vision health insurance coverage(s) noted on this form for myself and/or my dependents.
- ✓ I can re-enroll in DERP medical, dental, or vision insurance only during Open Enrollment or within 30 days of a qualifying life event by submitting a [Health Insurance Election Form](#).

Member Signature

Date

**Step 6 – Submit Your Health Insurance Disenrollment Form**

You can submit to us using one of the following methods:

✓ <b>Mail:</b> DERP 777 Pearl St. Denver, CO 80203	✓ <b>Email:</b> Help@DERP.org	✓ <b>Drop off:</b> <ul style="list-style-type: none"> <li>• Use the mail slot in the front door.</li> <li>• Put in the secure drop box inside the vestibule if the front door is unlocked.</li> </ul>	✓ <b>Fax:</b> (303) 839-9525
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Need to visit us in person? Schedule an appointment. Walk-in visits aren't available.