DERP Denver Employees Retirement Plan

Powering Your Future, Together.

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 DERP receives 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 DERP **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 DERP receives 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		United HealthCare			Kaiser	Humana
☐ HDHP	☐ DHMO	☐ HDHP	☐ CDP	☐ Denver Health PPO	☐ Colorado HMO	☐ 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 High	☐ PPO Low	☐ EPO	☐ PPO High	☐ 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

Help@DERP.org
(303) 839-5419
777 Pearl St.
Denver, CO 80203
DERP.org
MyDERP.org

Step 4 – Tell Us Who You're Disenrolling

Name (First, Middle Initial, Last)	Relation	Gender		Birth Date	SSN	Cancel Health		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
	Child	M	F			Y	N	Y	N	Y	N

Step 5 – Certification **Your Health Insurance Disenrollment Form will not be processed if it is not signed. Electronic signatures are not accepted.**

By signing this form, I agree with the following:

- ✓ I understand I'm requesting cancellation of the medical, dental, and/or vision health insurance coverages noted on this form for myself and/or my dependents.
- ✓ I understand I can only re-enroll in medical, dental, and/or vision health insurance offered through DERP during Open Enrollment period or if I have a qualifying life experience.
- ✓ I understand if I experience a qualifying life event I must submit a DERP Health Insurance Election Form within 30 days of my qualifying life event to re-enroll in the medical, dental, and/or vision health insurance offered through DERP.

Member Signature _____ Date _____

Step 6 – Submit Your Health Insurance Disenrollment Form

You can email, fax, or mail your completed and signed form:

- ✓ Email Help@DERP.org
- ✓ Fax (303) 839-9525
- ✓ Mail to 777 Pearl St, Denver CO 80203

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