

## Health Insurance Disenrollment Form

To disenroll from medical, dental, and/or vision insurance offered through DERP, this form must be completed, signed, and submitted to DERP. Disenrollment is the last day of the month following receipt of this form.

If you want to re-enroll in medical, dental, and/or vision insurance through DERP you will have to wait until the annual Open Enrollment period unless you experience a qualifying life event. If you have a qualifying life event you can re-enroll. To re-enroll you must submit the 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**

**Other**  
(provide explanation)

**Effective Date**

*Disenrollment is the last day of the month following receipt of this form.*

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

#### Medical

Check the box next to the medical plan you are disenrolling from. Do not check a box if you do not want to disenroll from a medical plan.

Kaiser Permanente  
HDHP

Kaiser Permanente  
DHMO

UnitedHealthcare  
HDHP

UnitedHealthcare  
CDP

#### Dental

Check the box next to the dental plan you are disenrolling from. Do not check a box if you do not want to disenroll from a dental plan.

Cigna  
DHMO

Cigna  
PPO Low

Cigna  
PPO High

Delta  
EPO

Delta  
PPO Low

Delta  
PPO High

#### Vision

Check the box next to VSP if you want to disenroll. Do not check the box if you do not want to disenroll from VSP.

VSP



#### Step 4 – Tell Us Who You Are 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
	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.

By signing this form, I am agreeing with the following statements:

- ✓ I understand I am 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 the annual 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 Election Form

Email your completed and signed form to [Help@DERP.org](mailto:Help@DERP.org), mail to the address below, or drop off at our office.

