

Change Form
IU PPO \$900 Deductible Health Care Plan
(Retirees Under age 65)

Submit this form if:

- You have an address change to report, or
You wish to cancel your IU-sponsored medical plan, or
You wish to drop coverage for dependents.

Complete only the section(s) that apply.

You can disregard this form if:

- Your address remains the same, and
You wish to continue your coverage in the PPO \$900 Deductible Plan

Name First Middle Last

Health Plan ID Number

Address Change:

Your 2012 monthly premium payment slips will be mailed to the address you have indicated.

Street:

City: State: Zip:

Phone: () - Email: (optional)

Cancellation of IU-sponsored Medical Coverage or Drop Coverage for Dependent(s)

You will receive monthly premium payment slips during 2012 for the IU PPO \$900 Deductible plan unless you indicate that you wish to cancel this coverage. If you do not cancel your coverage now, you may cancel your coverage at any time during the year by contacting University Human Resource Services at (812) 856-4459.

CANCEL my IU-sponsored medical plan enrollment effective December 31, 2012.

DROP dependent coverage for the following dependents:

Table with 3 columns: Name, Relationship, DOB (mm/dd/yyyy)

Signed: Date:

Note: If you cancel your IU-sponsored medical coverage, you will not be able to enroll in IU-sponsored retiree coverage at a later time.

Return form to: University Human Resource Services, ATTN: Retiree Specialist, 400 East 7th Street, Poplars E165, Bloomington, IN 47405-3085