

Retiree Form to Drop Dependent(s) from Medical and/or Dental

I wish to drop the dependents listed below from my current City of Tucson group **medical** plan effective the last day of the month of _____, 20____. (Effective dates must be *prospective*. They may not be *retroactive*. For example, if the COT Benefits Office receives your form in July, you may drop coverage effective the following August 1st or later.)

Dependent's Name (printed legibly): _____

Dependent's Name (printed legibly): _____

Dependent's Name (printed legibly): _____

I understand that the dependent(s) listed above will not be permitted to rejoin a City medical plan except during Open Enrollment or due to a qualifying life event, subject to eligibility. **Deadlines exist.** Please see the Insurance Handbook at www.tucsonaz.gov/enroll for details.

I wish to drop the dependents listed below from my current City of Tucson group **dental** plan effective the last day of the month of _____, 20____. (Effective dates must be *prospective*. They may not be *retroactive*. For example, if the COT Benefits Office receives your form in July, you may drop coverage effective the following August 1st or later.)

Dependent's Name (printed legibly): _____

Dependent's Name (printed legibly): _____

Dependent's Name (printed legibly): _____

I understand that the dependent(s) listed above will not be permitted to rejoin a City dental plan except during Open Enrollment or due to a qualifying life event, subject to eligibility. **Continuous coverage requirements and deadlines exist.** Please see the Insurance Handbook at www.tucsonaz.gov/enroll for details.

If you are dropping your dependent(s) due to:

☐ Divorce/Legal Separation – Please provide the mailing address for the dependent(s) you are dropping:

☐ Death – Please provide date of death: _____

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Retiree's Name (printed legibly) _____

Retiree's Signature _____

Retiree's phone _____

Retiree's E-mail _____

Retiree's address _____

Retiree's SSN or Employee ID # _____

Date signed _____

Please return your form to: City of Tucson Benefits Office
PO Box 27210, Tucson, AZ 85726-7210
Phone: 520-791-4597 FAX: 520-791-5942