



**City of Tacoma**  
Tacoma Employees' Retirement System (TERS)

3628 S. 35<sup>th</sup> St., Tacoma, WA 98409  
P.O. Box 11007, Tacoma, WA 98411  
Office: (253) 502-8200 Fax: (253) 502-8660  
Email: TERSretirement@cityoftacoma.org

## Health Insurance Cancellation Form

Retiree Name: \_\_\_\_\_

Social Security Number (*last four only*): \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby authorize the City of Tacoma to cancel the following health insurance plan(s):

**Insurance Type:**

Medical     Dental

**Insurance Company:**

Regence     Delta Dental     Willamette Dental

Cancellation effective date (*first of the month*): \_\_\_\_\_

You may submit this Cancellation Form to our office in person, by mail, fax, or email.

**PLEASE NOTE:**

**If you cancel your insurance, you will not be allowed to reenroll at a future date.**

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use: Retiree SAP ID*