



City of Tacoma
Tacoma Employees' Retirement System (TERS)

3628 S. 35th 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 a 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 re-enroll at a future date.

Retiree Signature: _____ Date: _____

Office Use: Retiree SAP ID