PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

PHIP Request for Disenrollment

Per OAR 459-035-0080 (2)(a) disenrollment from your PERS Health Insurance Program (PHIP) health plan will be effective the end of the month in which a signed notification is received by PHIP from the covered person to terminate coverage (unless a later date of disenrollment is requested).

Your Requested Disenrollment Date _____ / _____ / _____	Reason For Disenrollment **(Required)**		
PERS Retiree Last Name	First	MI	SSN and/or PERS ID
Retiree Select The Coverage You Wish To Disenroll From: Medicare Non-Medicare			
Please Terminate Coverage For: Retiree Retiree & Family Spouse/DDP only Dependent Child(ren) only			

List Spouse/DDP And Each Dependent Child To Be Disenrolled

Last Name	First	MI	Spouse/DDP or Dependent	Medicare	Non-Medicare

Select The Coverage You Wish To Disenroll From

Medicare Medical Options			
Kaiser	Moda Health	Providence	UnitedHealthcare®

Non-Medicare Medical Options	
Kaiser	UnitedHealthcare®

Dental Coverage *(Per OAR 456-035-0070 if the retiree disenrolls from dental, all family members will be disenrolled from dental)*	
Kaiser	Delta Dental Plan of Oregon

Sign and Date Prior To the Requested Disenrollment Effective Date

Retiree Signature/Power of Attorney Signature X	Today's Date
Spouse/DDP Signature X	Today's Date
Dependent Child Signature *(if over 18 years old)* X	Today's Date

Please attach legal documentation if you are the legal guardian or Power of Attorney.

Once disenrollment has occurred, you cannot re-enroll unless you experience a new enrollment opportunity. For eligibility and enrollment information, visit pershealth.com.

PERS Health Insurance Program | P.O. Box 40187, Portland, Oregon 97240-0187
Phone: (503) 224-7377 or (800) 768-7377 | Fax: (503) 765-3452 or (888) 393-2943