



# 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 <b>(Required)</b>	
PERS Retiree Last Name	First	MI	SSN and/or PERS ID
Retiree Select The Coverage You Wish To Disenroll From: <input type="checkbox"/> Medicare <input type="checkbox"/> Non-Medicare			
Please Terminate Coverage For: <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree & Family <input type="checkbox"/> Spouse/DDP only <input type="checkbox"/> 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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## Select The Coverage You Wish To Disenroll From

<b>Medicare Medical Options</b>		
<input type="checkbox"/> Kaiser	<input type="checkbox"/> Moda Health	<input type="checkbox"/> Providence
<input type="checkbox"/> PacificSource	<input type="checkbox"/> UnitedHealthcare®	

<b>Non-Medicare Medical Options</b>	
<input type="checkbox"/> Kaiser	<input type="checkbox"/> UnitedHealthcare®

<b>Dental Coverage</b> (Per OAR 456-035-0070 if the retiree disenrolls from dental, all family members will be disenrolled from dental)	
<input type="checkbox"/> Kaiser	<input type="checkbox"/> 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](http://pershealth.com).**

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