PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

PHIP Request for Disenrollment

Per OAR 459-035-0080 disenrollment from your PHIP insurance carrier will be effective the first of the month after PERS Health Insurance Program (PHIP) receives this written request (unless a later date of disenrollment is requested).

Your Requested Disenrollment Date: _____ / _____ / _____	Reason for disenrollment **(required)**:		
PERS Retiree Last name	First	MI	Social Security No.
Please terminate coverage for: ☐ Retiree ☐ Retiree & Family ☐ Spouse only ☐ Dependent(s) only			

List spouse or each dependent to be disenrolled

Last name	First	MI	Spouse or dependent (please list)

Select the coverage you wish to disenroll from

Medicare medical coverage		
☐ Kaiser Senior Advantage	☐ Moda Health PPORX	☐ Providence Flex Group
☐ PacificSource Essentials RX 803	☐ Moda Health Medicare Supplement	☐ Providence Align Group

Non-Medicare medical coverage *(CV=Core Value, SV=Select Value)*			
☐ Kaiser CV	☐ Moda CV	☐ PacificSource CV	☐ Providence CV
☐ Kaiser SV	☐ Moda SV	☐ PacificSource SV	☐ Providence SV

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

Sign and date prior to the requested disenrollment effective date

(Per OAR 459-035-0080 (2)(a) The disenrollment effective date is, "The end of the month in which a signed notification is received by PERS from the covered person to terminate coverage.")

Retiree signature X	Date	Dependent signature *(if over 18 years old)* X	Date
Spouse signature X	Date	Power of Attorney signature* X	Date

**Please enclose a copy of the Power of Attorney if signing for the member.*

Please be aware once disenrollment has occurred, you cannot re-enroll unless you experience a new enrollment opportunity. Refer to your Member Handbook and Benefit Guide or call PHIP for specific eligibility and enrollment information before submitting your request. Information is also available at pershealth.com.

PERS Health Insurance Program | PO Box 40187, Portland, Oregon 97240-0187
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