

**Employees' Retirement
System City of Milwaukee
789 North Water Street, Suite 300
Milwaukee, WI 53202
1-800-815-8418 or 414-286-3557
Fax: 414-286-8428**

HEALTH / DENTAL CANCELLATION

Instructions: Please print or type in black ink.

RECIPIENT INFORMATION (Must be completed in all cases)

NAME:	PERSON ID:
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STREET ADDRESS:

CITY, STATE, ZIP CODE:	TELEPHONE NUMBER:
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CANCELLATION OF HEALTH/DENTAL CARE

- CANCEL MY HEALTH CARE COVERAGE
- CANCEL MY DENTAL COVERAGE

PLEASE LIST REASON FOR CANCELLING HEALTH OR DENTAL CARE COVERAGE.
IF YOU ARE CHANGING PLANS, A NEW ENROLLMENT FORM MUST BE COMPLETED.

REASON FOR CANCELLATION:

REQUEST FOR EFFECTIVE DATE AND SIGNATURE

PLEASE MAKE THIS CANCELLATION EFFECTIVE ON THE DATE OF: _____

SIGNATURE _____ DATE: _____

IMPORTANT: Timely City Coverage Cancellation – All Medicare Eligible Members (and Spouses):

We request that you provide **45 days Advance Written Notice to ERS** when cancelling the Choice/Choice Plus coverage when becoming Medicare entitled or if already Medicare-enrolled. If the City/ERS does not receive notice in writing from you to cancel your coverage, we continue with City coverage updates which includes auto-enrollment in the City's Medicare Part D Plan (PDP). The auto-enroll in the City Part D coverage which is initiated 30 days in advance of Medicare entitlement may interfere with your alternative plan election (non-City sponsored plan). With proper, timely notice to the City, there is less likelihood for an enrollment or eligibility update that could disrupt your alternative plan selection.