

**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:        |
| STREET ADDRESS:        |                   |
| CITY, STATE, ZIP CODE: | TELEPHONE NUMBER: |

**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.