



**City of Tacoma**  
Tacoma Employees' Retirement System (TERS)

3628 S. 35<sup>th</sup> St., Tacoma, WA 98409  
P.O. Box 11007, Tacoma, WA 98411  
Office: (253) 502-8200 Fax: (253) 502-8660  
Email: TERSretirement@cityoftacoma.org

## Health Insurance Cancellation Form

Retiree Name: \_\_\_\_\_

Retiree Social Security Number: \_\_\_\_\_

*I hereby authorize the City of Tacoma to cancel the following health insurance plan(s):*

**Insurance Type:**

\_\_\_\_ Medical      \_\_\_\_ Dental

**Insurance Company:**

\_\_\_\_ Regence      \_\_\_\_ Delta Dental of Washington      \_\_\_\_ Willamette Dental

This cancellation shall be effective beginning: \_\_\_\_\_.

**You may submit Cancellation Form to our office by mail, fax, or email.**

**PLEASE NOTE:  
If you cancel your insurance, you will not be allowed to reenroll at a future date.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use: Retiree SAP ID*