



City of Tacoma
Tacoma Employees' Retirement System (TERS)

3628 S. 35th 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 in person, or 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