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* ☐ *Group Health* ☐ *Washington Dental* ☐ *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