

Knox County Retirement & Pension Board

City-County Building, Room 371
400 Main Street
Knoxville, Tennessee 37902-2401
Phone: (865) 215-2323 Fax: (865) 215-2421



Election to Cancel

- Retiree Active Medical Insurance
- Retiree Dental Insurance
- Medicare Advantage Retiree Coverage

Part 1 – Participant Information

Name:		Social Security No.:	
Mailing Address:			Retirement Date:
City:	State:	Zip Code:	Daytime Phone:

Part 2 – Election to Cancel Retiree Coverage

Choose all that apply:

- Irrevocably elect to **cancel** the retiree **active** medical insurance through the Knox County Retirement Office.
- I elect to **cancel** the retiree **dental** insurance through the Knox County Retirement Office.
- I elect to **cancel** the retiree **Medicare Advantage Plan** medical insurance through the Knox County Retirement Office.

Effective Date: _____

Part 3 – Acknowledgment and Signature

By signing below, I confirm that:

- I am informed and aware of my insurance options upon retirement or disability.
- I understand that by electing to irrevocably **cancel** retiree **active** medical insurance that I will not be eligible for coverage in the future.
- If you are cancelling your Medicare Advantage Plan, you may contact Medicare at 1-800-633-4227 or www.medicare.gov for information regarding other Medicare Advantage options that are available as an individual option.
- By signing this form, I am authorizing Knox County Retirement to act on the choice(s) marked in Part 2.

Signature:

Date: