



**Benefit Services**

New Mexico State University  
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 Las Cruces, NM 88003-8001  
 Phone: (575) 646-8000  
 benefits@nmsu.edu  
 Fax: (575) 646-2806

**Retiree Insurance Discontinuance Form**

Cancellation of benefits will be the first of the month after the completed form is received by the Benefit Services department. Once medical or life insurance coverage is cancelled, you cannot re-enroll.

**PPO**-Participants on the NMSU PPO medical plan can cancel at any time.

**Medigap**-Participants on the NMSU Medigap plan can only cancel once a year during the annual enrollment period for Medicare. Cancellations for Medigap members will be effective January 1<sup>st</sup>. Retirees cancelling due to enrollment in a non-NMSU Medicare Part D plan will be cancelled the first of the month in which the new Medicare Part D plan becomes effective.

**Dental & Vision**-The retiree must be enrolled in medical coverage to be eligible for dental and vision coverage. Dental and vision coverage may only be cancelled during annual Open Enrollment or within 31 days of a qualifying change in status. If you cancel dental or vision coverage, you must wait 4 years before you can enroll during the subsequent Open Enrollment.

Retiree Information		
Name (Last, First, Middle Initial)	Banner ID	SSN (if Banner # is unknown)
Street Address	City, State, Zip	Daytime Phone # (xxx-xxx-xxxx)

**Check all that apply for the individuals you list below:**

- Cancel **medical** coverage, I understand once medical coverage is cancelled, re-enrollment is not allowed.
- Cancel **dental** coverage, I understand there is a 4-year waiting period to re-enroll.
- Cancel **vision** coverage, I understand there is a 4-year waiting period to re-enroll.
- Cancel my **life** insurance, I understand once life coverage is cancelled, re-enrollment is not allowed.

DEPENDENT INFORMATION – List only those participants you wish to cancel						
	Last Name	First Name	MI	Social Security #	Birth Date	Sex
Self						<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse / Domestic Partner						<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent						<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent						<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent						<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent						<input type="checkbox"/> Male <input type="checkbox"/> Female

I wish to cancel coverage for the individuals listed above. I understand, once medical or life insurance is cancelled, I will not be able to enroll in the NMSU Retiree medical or life insurance coverage in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Use by HR Benefits/Payroll Office**

HR Code:	Effective Date:	Input Date:	<input type="checkbox"/> DB <input type="checkbox"/> UAR <input type="checkbox"/> BCBS	Initials:
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