

County of San Bernardino Employee Benefits and Services Division (EBSD) 175 West Fifth Street, First Floor San Bernardino, CA 92415-0440 (909) 387-5787 Fax (909) 387-5566

RETIREE MEDICAL AND/OR DENTAL PLAN CANCELLATION FORM

For Office Use Only								
Effective Month Date	Day	Year						
Group #								
Plan/Class ID # (Blue Shield Only)								
Emp ID #								

an Name					Effectiv	e Date of Car	ncellation (m	iust be 1 st	of the month)
edical:					N	onth	Da	ay	Year
							<u> </u>	1	
Dental:				N	Month		ay	Year	
							1		
	NFORMATION		011-0		D-4- O4	I Di-H-		Check C)ne
cial Security No.			Check One Male	☐ Fema	Date Of Mor		Year	☐ Ma	
st Name		First Name			MI For Nar	ne Change, Lis	st Former Nan		
iling Address	ng Address Check Here If New Addres			ss 🔲		Primary Phone ()			
						Alternate Phone ()			
у			State	Zip Code		,			
	DEPENDENT INFO	RMATION	N (enrolled	in a retir	ee plan)				
			N (enrolled		ee plan) ate of Birth	Enrolled in Dental		n Medical	—Plan name <u>if differen</u> t
st Name, First	Name					in Dental	above	n Medical an Name:	—Plan name <u>if differen</u> t
st Name, First	Name					in Dental	above Pl		—Plan name <u>if different</u>
st Name, First	Name					in Dental Yes No	above Pl		—Plan name <u>if differen</u> t
st Name, First	Name					in Dental Yes No Yes	above Yes No Yes Pi Yes	an Name:	—Plan name <u>if different</u>
st Name, First ouse/Domestic F	Name					in Dental Yes No Yes No No	Above Yes No Yes No	an Name:	—Plan name <u>if differen</u> i
ist Name, First ouse/Domestic F	Name					in Dental Yes No Yes No Yes	Above Yes No Yes No Yes Yes Pi Yes Pi Yes	an Name: an Name:	—Plan name <u>if differen</u> t
est Name, First couse/Domestic F mildren:	Name					in Dental Yes No Yes No No Yes No	Above Yes No Yes No Yes No Pl Yes No	an Name: an Name:	—Plan name <u>if differen</u>
ast Name, First couse/Domestic F mildren:	Name					in Dental Yes No Yes No Yes No Yes Yes Yes	Above Yes No Yes No Yes No Yes Yes Yes Yes Pl Yes Pl Yes Pl	an Name: an Name: an Name:	—Plan name <u>if differen</u>
est Name, First pouse/Domestic P mildren: mildren:	Name					in Dental Yes No Yes No Yes No Yes No No No	Above Yes No Yes No Yes No Yes No No	an Name: an Name: an Name:	—Plan name <u>if differen</u>
st Name, First ouse/Domestic F ildren:	Name					in Dental Yes No Yes No Yes No Yes No Yes No Yes	Above Yes No	an Name: an Name: an Name:	—Plan name <u>if differen</u>
ast Name, First bouse/Domestic F bildren: bildren:	Name					in Dental Yes No Yes No Yes No Yes No Yes No Yes No No No	Above Yes No Yes No Yes No Yes No Yes No No Pl Yes No Pl Yes No	an Name: an Name: an Name: an Name:	—Plan name <u>if differen</u>
ast Name, First pouse/Domestic F hildren: hildren:	Name					in Dental Yes No Yes No Yes No Yes No Yes No Yes	Above Yes No Yes No Yes No Yes No Yes No Pl Yes No Pl Yes No Pl N	an Name: an Name: an Name:	—Plan name <u>if different</u>