CANCELLATION NOTICE FOR SELF-PAY HEALTH AND LIFE INSURANCE

Employee/Retiree Name: ____________________________

Employee/Retiree ID#: ____________________________

I would like to discontinue the following insurance plan(s) effective ___________.

(Effective Date)

PLEASE NOTE: Termination will only be effective on the first of the month following the date this form is received by Employee Benefits Operations.

☐ Medical*  ☐ Hartford Supplemental Life Insurance
☐ Dental  ☐ Hartford Spousal Life Insurance
☐ Vision  ☐ Hartford Dependent Life Insurance
☐ Prudential AD&D Insurance
☐ American Fidelity:  ☐ Disability
☐ Life  ☐ Accident Only
☐ Cancer

*TO COMPLY WITH FEDERAL GUIDELINES, IT MAY TAKE UP TO TWO MONTHS TO CANCEL YOUR MEDICARE PLAN!

To cancel your plan, the Center for Medicare & Medicaid Services (“CMS”) requires written notification. Upon the District receiving the completed form, your plan will be cancelled as soon as administratively possible (up to two months after receipt). You are responsible for all premiums through the month of the plan termination.

Please mail or take this form to the following address:

Employee Benefits Department
4100 Normal St. Room 1150-A
San Diego, CA 92103

You can also fax this request to: 619.725.8132

Please call with any questions 619.725.8130, our office is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

__________________________________________  ______________________
Signature                                      Date
Members in Medicare Plans can NOT be Added or Terminated Retroactively

The Centers for Medicare & Medicaid Services (CMS) requires that group members in Medicare Advantage plans receive written notice from their employer's plan at least 21 days before termination.

- Due to this requirement, VEBA members can NOT be terminated retroactively.
- To meet this requirement, our carriers have specific requirements regarding timing of when they process new and terminating members.

The chart below shows the Carriers' process your district must follow to meet the CMS requirements.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>CARRIER/VEBA PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Member</td>
<td>District must provide VEBA with member's Medicare Enrollment Form at least 5 days before the Member's effective date.</td>
</tr>
<tr>
<td>Terminate Member</td>
<td>District must notify VEBA at least 30 days before the requested member termination date.</td>
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<tr>
<td>When Termination Occurs</td>
<td>Note: VEBA processes terminations on the last day of the month. It's important to take this into consideration when submitting a member termination. That's because it could add an extra 31 days before the member can terminate from the plan. Here's an example of how timing could result in member/district having to pay unnecessary premiums.</td>
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<tr>
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<td>- August 1, 2013: Member tells district s/he wants terminate from plan.</td>
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<tr>
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<td>- November 12, 2013: District sends VEBA termination request.</td>
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<td>- January 1, 2014: Earliest date VEBA can terminate member from plan</td>
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<tr>
<td>Customer Service</td>
<td>Kaiser Senior Advantage Plan Customer Service: 800-443-0815</td>
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<tr>
<td></td>
<td>UnitedHealthcare Senior Supplement Plan Customer Service: 800-851-3802</td>
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