

Change Form IU-sponsored Retiree Medical Plan

Submit this form if:

- You have an address change to report, or
- You wish to cancel your IU-sponsored medical plan

Complete only the section(s) that apply.

You can *disregard* this form if:

- Your address remains the same, and
- You wish to keep your automatic enrollment in the IU-sponsored *Anthem Blue Retiree* plan.

Name _____
First Middle Last

Health Plan ID Number _____

Address Change:

Your 2009 monthly premium invoices will be mailed to the address you have registered with Anthem. Indicate your new address below.

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____ (optional)

Cancellation of IU-sponsored Medical Coverage

You will receive monthly premium invoices during 2009 for the IU-sponsored *Anthem Blue Retiree* plan unless you indicate that you wish to cancel this coverage. If you do not cancel your coverage now, you may cancel your *Anthem Blue Retiree* coverage at any time during the year by contacting Anthem.

Please cancel my IU-sponsored medical plan enroll effective December 31, 2008.

Signed: _____ Date: _____

Note: If you cancel your IU-sponsored medical coverage, you will not be able to enroll in IU-sponsored retiree coverage at a later time.

Return form to: University Human Resource Services
Attention: Retiree Specialist
400 East 7th Street, Poplars E165
Bloomington, IN 47405-3085