



Los Rios Community College District

MEDICAL INSURANCE CANCELATION REQUEST ~ REGULAR EMPLOYEES~

Please cancel enrollment for me (and my family if applicable) in the following plan(s):

- Medical Insurance Dental Insurance

This request is being made due to:

- Open Enrollment Mid-Year Qualifying Event

Complete the boxed section below if cancellation is requested outside of Open Enrollment.

If cancellation is requested outside of the Open Enrollment period, I understand that I must have a qualifying change-in-status or HIPAA special enrollment event and that original cancellation forms must be received in the Employee Benefits Department within 31 days of the event date (or 60 days for certain HIPAA qualifying events).

Reason for Cancellation w/ Qualifying Event Date:

For example: *Marriage on 9/22/13—enrolling in my spouse's medical insurance.*

I understand that medical coverage which is canceled at my request will be terminated effective July 1st if done at Open Enrollment or the first of the month following the qualifying Change-in-Status or HIPAA Qualifying Event date.

I will be ineligible to re-enroll in a District medical plan until an Open Enrollment period which typically occurs during each April / May with a July 1st effective date or until I experience a new mid-year Change-in-Status or HIPAA Qualifying Event.

Name: _____ Employee ID: _____

Signature: _____ Date: _____

Questions about this form and re-enrollment restrictions may be directed to the
Los Rios Employee Benefits Department at (916) 568-3070 or Benefits@losrios.edu.

EMPLOYEE BENEFITS USE ONLY:

Effective Date of Cancellation: _____