

LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 Spanos Court
Sacramento, CA 95825
(916) 568-3070

Medical Insurance Cancellation Request

This is to acknowledge my request to cancel my medical insurance in the District's

_____ medical plan.

(Name of Medical Plan)

I have read the back of this form to determine if I am eligible to cancel my medical insurance outside the open enrollment period.

I acknowledge that I would not be able to enroll in a District medical plan until open enrollment which typically occurs during the month of September with a November 1 effective date.

Effective Date of Cancellation

Name _____

Signature _____ Date _____

Employee ID# _____

Email: Benefits@losrios.edu
Website: <http://www.losrios.edu/business/benefits.php>

Important Eligibility and Coverage Information

Normally you cannot cancel your medical plan in which you participate, except during open enrollment, which is typically scheduled during the month of September each year.

An exception to waiting for open enrollment would be by reason of a Qualifying Family Status Change event. Acceptable Family Status Changes are listed below. You have 31 calendar days from the date of your qualifying event to notify the Employee Benefits Department and submit the required forms.

Qualifying Family Status Changes
Marriage, divorce, legal separation, or death of you spouse or domestic partner
Birth, adoption of death of your dependent child or domestic partner's child
Change in your dependent child's status or the child of your domestic partner (student eligibility; marriage; etc.)
Termination or commencement of your spouse's employment
A significant change in health coverage provided by your spouse's employer that affects you or your spouse
You enter or end a domestic partnership
Your dependents have moved into, or out of, the service area
You change from part-time to full-time status, or vice versa

If you have a Qualifying Family Status Change, you can revise your benefits only in ways that are consistent with that change. For instance, if one of your covered children is no longer a full-time student, you would delete her/him from your coverage, but you would not be eligible to change any other dependent's coverage or your own coverage. **Your written request to make plan changes must be received by Employee Benefits within 31 calendar days or the qualifying event.**