

**State of West Virginia
Public Employee Insurance Agency
Retired Employee Termination of Coverage Form**

Complete this form to terminate your health and/or life insurance coverage. Please complete all sections as appropriate and return to: PEIA Eligibility Section, 601 57th St., SE, Suite 2, CHARLESTON, WV, 25304-2345.

POLICYHOLDER INFORMATION

Policyholder Unique ID Number:

Is spouse currently insured by PEIA as a policyholder? ☐ Yes ☐ No

If YES, PLEASE provide Spouse's PEIA SSN:

ACTION REQUESTED

Check appropriate box(es)

- ☐ Cancel all coverage. Re-enrollment restriction may apply.***
- ☐ Cancel Health Insurance Coverage.***
- ☐ Cancel Basic Life Insurance. Cancelling basic life cancels all other life insurance, too.
- ☐ Cancel Retiree Optional Life Insurance.
- ☐ Cancel Dependent Life Insurance.
- ☐ Cancel all PEIA coverage due to Surviving Dependent Remarriage Please enter date of marriage _____
- ☐ Cancel coverage; Policyholder Deceased Please enter date of death _____
- ☐ Other action (Please explain) _____

*** PEIA Policyholder cannot voluntarily terminate health benefits without a qualifying event. If this action is being requested outside of Open Enrollment, please mark ""Other action"" above, state the qualifying event and attach documentation to support the event. Please refer to your Summary Plan Description Booklet for further details and a list of qualifying events.

Policyholder Signature: _____ Date: _____

Email Address

COBRA

Under Federal COBRA law, PEIA must offer continued coverage to qualified policyholders or dependents under certain circumstances. If you qualify, you will be sent a notification with the necessary applications by UMR, who administers COBRA for the PEIA. You will have a limited amount of time to elect continuation of coverage.

COBRA premiums include the policyholder's share of the premium, and an administrative fee, so they are higher than premiums paid by a typical policyholder. For further information, contact UMR at 1-888-440-7342.