PUBLIC EMPLOYEES INSURANCE AGENCY

601 57th Street SE
Suite 2
Charleston, WV 25304

888-680-7342
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www.peia.wv.gov

Retired Employee Termination of Coverage Form

Section 1: Policyholder Information

Name: _____

SSN: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Email: _____

If your spouse is also a PEIA policyholder, please provide their SSN:_____

Section 2: Action Requested

- ☐ Cancel all coverage. (Re-enrollment restrictions 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. Date of marriage: _____
- ☐ Cancel coverage; Policyholder Deceased. Date of death: _____
- ☐ Other action (Please explain):

  _____

*** *PEIA Policyholders cannot voluntarily terminate health benefits without a qualifying event. If this action is requested outside of Open Enrollment, please mark "Other action" above, state the qualifying event, and attach supporting documentation. Refer to your Summary Plan Description for a list of qualifying events.*

Policyholder Signature: _____ Date: _____

COBRA Coverage: Under Federal COBRA law, PEIA must offer continued coverage to qualified individuals. If eligible, you will receive a notification from UMR. You have a limited time to elect coverage. COBRA premiums include the full cost plus an administrative fee. For info, contact UMR at 1-888-440-7342.