CONEJO VALLEY UNIFIED SCHOOL DISTRICT
RISK MANAGEMENT DEPARTMENT
750 Mitchell Road, Newbury Park, CA 91320

RETIREMENT BENEFIT TERMINATION REQUEST

Employee Legal Name _____ _____ _____
LAST FIRST MIDDLE

Social Security # XXX –XX- _____

Employee Contact
_____ _____
EMAIL PHONE #

INSTRUCTIONS: PLEASE SPECIFY THE PERSONS FOR WHOM YOU ARE REQUESTING COVERAGE TERMINATION.

MEMBER FULL NAME: (LIST YOURSELF AND/OR ALL DEPENDENTS TERMINATING)	CHECK ALL COVERAGE TO TERMINATE	EFFECTIVE DATE
SELF:	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL	
SPOUSE:	☐ ANTHEM ☐ KAISER ☐ VISION ☐ DENTAL	

BASIS FOR COVERAGE TERMINATION

☐ Alternate Health Plan ☐ Moved out of service area ☐ Other
☐ Enrolled in Medicare ☐ Member deceased

CERTIFICATION

I, _____, am authorizing the above specified changes to my enrollment AND/OR to that of my dependents.

_____ _____
Signature Date

TRANSMIT TO:

Mail/In-Person - Conejo Valley Unified School District
750 Mitchell Road, Newbury Park CA 91320
attn: Risk Manager - Mia Nelson
Email Specialist at: mnelson@conejousd.org