



Human Resources
Employee Benefits and Services

County of San Bernardino
Employee Benefits and Services Division (EBSB)
157 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5787 Fax (909) 387-5566

**RETIREE
MEDICAL AND/OR DENTAL
PLAN CANCELLATION FORM**

For Office Use Only		
Effective Month Date	Day	Year
Group #		
Plan/Class ID # (Blue Shield Only)		
Emp ID #		

A I CHOOSE TO CANCEL THE FOLLOWING MEDICAL AND/OR DENTAL COVERAGE		
Plan Name	Effective Date of Cancellation (must be 1 st of the month)	
Medical:	Month	Day 1
Dental:	Month	Day 1

B RETIREE INFORMATION			
Social Security No.	Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth Month Day Year	Check One <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner
Last Name	First Name	MI	For Name Change, List Former Name Here
Mailing Address	Check Here If New Address <input type="checkbox"/>	Home Phone ()	Alternate Phone ()
City	State	Zip Code	Email Address

C DEPENDENT INFORMATION (enrolled in a retiree plan)			
Last Name, First Name	Social Security #	Enrolled in Dental	Enrolled in Medical—Plan name if different from above
Spouse/Domestic Partner:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan Name:

Subscriber's Signature _____

Date _____