



## BENEFITS CANCELLATION

Cancel coverage for me: (Check all benefits you wish to cancel)

Dental	Vision	Life	Accident	Legal
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Reason for cancellation:

Unhappy with benefits No longer working	No longer a union member Enrolled in other coverage	Do not want to pay premiums
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## PLAN LIMITATIONS

There are plan limitations that limit eligibility for the Dental, Vision, Life/AD&D, Accident, and Legal Plans. Please review the following limitations:

- Child coverage for all plans terminates at age 26, unless mentally or physically disabled. (Proof of disability required)

**LIFE/AD&D:** Member must be enrolled in Life/AD&D insurance in order to add dependent coverage.

**ACCIDENT:** Member and spouse must be under the age of 65 to enroll in Accident coverage.

## DECLARATION SECTION

Each person signing below **declares** that all the information given in this enrollment form is true and completed to the best of his/her knowledge and belief. Each person understands that this information will be used to determine his or her eligibility.

**For Payroll Deduction Authorization by the Member.** I authorize SEIU Local 2015 to initiate deductions from my pay for the coverage requested in this benefits change form. This authorization applies to such coverage until I rescind it in writing.

**Authorization to Release Dental Records.** I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all, dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialty Care Dentist, to the dental insurance and/or any designated agent or representative for the purposes of dental treatment, care and for the dental insurance quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

**Fraud Warning.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for benefits or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**You and your dependents may be eligible to continue your group health coverage through SEIU Local 2015 Long Term Care Workers Health Trust Fund following the occurrence of certain qualifying events under COBRA. For more information on your COBRA rights, please contact the SEIU Local 2015 Benefits Center at (877) 421-0177 to request a copy.**

Signature: The Member must sign in all cases. The person signing below acknowledges that he or she has read and understands the statements and declarations made in this benefits change form.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (Month / Day / Year)

**\*Once enrolled you must stay enrolled in the dental, vision, life, and accident plans for a minimum of six (6) months. You must stay enrolled in the legal plan for a minimum of twelve (12) months.**