

**Georgia Department Of Community Health
State Health Benefit Plan
Discontinuation of Retiree Health Benefit Coverage**

Please type or
print clearly in ink

I. Retiree Identification			
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Last Name		First	Initial
Apartment/Box/Route			
Street Address			
City, State		Zip Code (5-digit + 4-digit)	
County of Residence		Date of Birth	
		Month	Day Year
Daytime Telephone Number ()		Sex (Check one)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Area Code			

II. Retirement System

Instructions and Conditions:

This form must be completed by a retiree who discontinues coverage under the State Health Benefit Plan. Please read the General Information Provided in Section III. Check the appropriate statement, and sign and date the corresponding certification in Section IV. Your signature certifies that you understand that your subsequent enrollment with the State Health Benefit Plan will be restricted.

NOTE: Retirees do not have an Open Enrollment Period.

III. General Information

Retired employees who are eligible to continue coverage under the State Health Benefit Plan (SHBP) may elect to return to or continue active service with any of the employing entities under the Plan. In such cases, the retirement benefit may be suspended or continued; however, the Plan coverage must be purchased as an active employee. When the employee discontinues active service and returns to retired status, Plan coverage may, upon notification to the Plan, be reinstated with continuous coverage under the conditions that first made the employee eligible as a retiree. Under no circumstances may an individual who retired prior to the initial legislated funding for that group of employees be entitled to enroll as a retiree, unless the final active service period qualifies the individual for a retirement benefit by one of the state supported retirement systems.

IV. Discontinuation Reason and Certification (Check and sign only one reason)

Discontinuation of SHBP Deduction from Retirement Benefits
As a retiree who is resuming active employment, I understand that State Health Benefit Plan deductions will be discontinued from my retirement benefit. I also understand that in order to have coverage under the Plan again as a retiree, coverage through my employer must be in effect at the time I cease active employment.

Retiree SignatureDate

Discontinuation of Coverage By Retiree
As a retiree, I choose to discontinue all coverage under the State Health Benefit Plan. I understand that if I discontinue coverage, I cannot re-enroll for coverage under any option of the Plan.

Retiree SignatureDate