



## 2023 Medical/Dental Plan Cancellation Form

### 1. SUBSCRIBER INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Social Security Number</b>	<b>Medicare Beneficiary Identifier</b>	<b>Gender</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>	<b>Daytime Phone Number</b>	<b>Cancellation Effective Month</b>	

### 2. CANCEL MY LACERS RETIRED MEDICAL/DENTAL PLANS AS INDICATED BELOW:

#### Medical Plans

- Anthem Blue Cross PPO/Medicare Preferred PPO (Medicare Advantage with Rx)  
 Anthem Blue Cross HMO - CA  
 Kaiser Permanente/Senior Advantage  (SoCal) 225576-0  (NoCal) 605559-0 (check one)  
 SCAN Health Plan:  CA  
 UnitedHealthcare Medicare Advantage HMO - CA  
 UnitedHealthcare Medicare Advantage HMO:  AZ  NV (check one)

#### Dual Care HMO Medical Plans

- SCAN Health Plan/Anthem Blue Cross HMO - CA  
 UnitedHealthcare Medicare Advantage HMO/Anthem Blue Cross HMO - CA

#### Dental Plans

- Delta Dental PPO<sup>SM</sup> - 17228  
 DeltaCare<sup>®</sup> USA HMO - 76992 for \_\_\_\_ CA 00001 or \_\_\_\_ parts of NV only 00003

### Consolidated Omnibus Budget Reconciliation Act (COBRA)

- My covered dependent(s) and I are covered by another medical and/or dental plan; therefore, I do NOT want COBRA continuation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

INITIALS	MOU	EFFECTIVE DATE	RETIREMENT ROLL DATE:

#### ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.