LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

Address: 977 N. Broadway, Los Angeles, CA 90012-1728
www.lacers.org | lacers.services@lacers.org | Mail Stop 175
(800) 779-8328 | RTT (888) 349-3996 | Fax (213) 473-7297

2026 Medical/Dental Plan Cancellation Form

1. SUBSCRIBER INFORMATION			
Last Name	**First Name**	**Middle Name**	
Social Security Number	**Medicare Beneficiary Identifier**		**Gender**
Street Address	**City**	**State**	**Zip Code**
Email Address	**Daytime Phone**	**Cancellation Effective Month/Year**	

2. CANCEL MY LACERS RETIRED MEDICAL/DENTAL PLANS AS INDICATED BELOW:
Medical Plans: ***Additional form(s) required if you and/or your dependent(s) has Medicare***
☐ Anthem Blue Cross PPO/Medicare Preferred PPO (Medicare Advantage with Rx)
☐ Anthem Blue Cross PPO/Medicare Supplement (Medicare Supplement with Rx)
☐ Anthem Blue Cross HMO – CA
Kaiser Permanente/Senior Advantage (check one): ☐ (SoCal) 225576-0 ☐ (NoCal) 605559-0
SCAN Health Plan: ☐ CA
UnitedHealthcare Medicare Advantage HMO (check one): ☐ AZ ☐ CA ☐ NV
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℠ – 17228
☐ DeltaCare® 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.

I understand that this form is required to be submitted by the 10th of the month to be effective the 1st of the following month. I understand that I cannot re-enroll in a LACERS plan until the next annual Open Enrollment period with coverage effective the following January 1.

Member's Signature **Date**

See Page 2 for how to submit this form to LACERS

FOR OFFICE USE ONLY			
INITIALS	MOU	EFFECTIVE DATE	RETIREMENT ROLL DATE

SUBMIT COMPLETED FORMS TO LACERS

SECURE DOCUMENT UPLOAD:	**lacers.org/secure-upload**
EMAIL:	**LACERS.health@lacers.org**
MAIL/DROP OFF/VISIT:	**LACERS, Attn: Health Benefits Administration** **977 N. Broadway, Los Angeles, CA 90012-1728**
FAX:	**(213) 473-7284**

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.