

MEDICARE DIS-ENROLLMENT FORM

(CITY OF BAKERSFIELD RETIREE INSURANCE PLANS)

Effective January 1, 2017

I, wish to dis-enroll from the Medical Risk plan that I am currently enrolled with as indicated below:

_____ Blue Shield Medicare Advantage- W0054380

_____ Kaiser Senior Advantage – 132733-4

I will be enrolling in the plan indicated below.

_____ Blue Shield Medicare Advantage

_____ Kaiser Senior Advantage

_____ Blue Shield PPO (Non Medicare Risk Plan)

PRINT NAME

SOCIAL SECURITY #

SIGNATURE

Date

SPOUSE: (If required)

PRINT NAME

SOCIAL SECURITY #

SIGNATURE

Date

Return signed form to:

Human Resources - Benefits
City of Bakersfield
1600 Truxtun Ave Bakersfield, CA 93301
(661) 326-3773