UNIVERSITY OF DENVER

Benefits Cancellation Form

Faculty & Staff

For Maximum Functionality
Download this form and complete on your computer

Important Information

- **When to Use This Form** – Use this form to cancel your benefits and/or your dependent's benefits within 30 days of a qualifying event.
- **Complete the Form in its entirety** – This form will be returned to you if it is not filled in completely.
- **DEADLINE – Submit this form within 30 days of your qualifying event. Do not forget to sign this form because it cannot be processed without a signature.**

Employee Information

First Name: ____________________ Middle Initial: ________ Last Name: ____________________

DU ID Number (Required): ____

Home Telephone: ____________________ Campus Telephone: ____________________

Email Address: ____

Cancellation Reason

☐ **IRS Qualifying Event** **Date of Event:** ______________ (mm/dd/yyyy) **Effective Date of Cancellation:** ______________ (mm/dd/yyyy)

You have 30 days from the date of the qualifying event to complete and return this form. Last day of coverage must be the last day of the month.

Type of Event:

☐ Marriage – I will be insured through my partner's employer benefits

☐ Divorce – Spouse/Partner is eligible for COBRA; please provide an address for your spouse/partner: ________________________________

☐ My spouse/partner and/or child is eligible for insurance through his/her employer benefits.

☐ I have insurance through my new/second employer.

☐ I will be covered under my spouse/partner's employer plan

☐ My child is ineligible for benefits because he/she is age 26; child is eligible for COBRA. Provide an address for your child: ________________________________

☐ I am taking a Leave of Absence from: ______________ (mm/dd/yyyy) to ______________ (mm/dd/yyyy)

☐ Other: ________________________________

Section 1: Cancel Insurance Coverage

Effective Date of Cancellation: ___________________________ (must be the last day of the month)
(mm/dd/yyyy)

Check	Coverage		Name: First, M.I., Last
☐ Remove	☐ Medical ☐ Dental ☐ Vision ☐ FSA	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Employee (Myself)
☐ Remove	☐ Medical ☐ Dental ☐ Vision	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Spouse / Partner
☐ Remove	☐ Medical ☐ Dental ☐ Vision	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Child
☐ Remove	☐ Medical ☐ Dental ☐ Vision	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Child
☐ Remove	☐ Medical ☐ Dental ☐ Vision	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Child
☐ Remove	☐ Medical ☐ Dental ☐ Vision	☐ Voluntary Life ☐ Voluntary AD&D ☐ Critical Illness ☐ Accidental	Child

Section 2: Authorization and Signature – Sign and Date

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Signature *(If using electronic signature, please return this form using your @du.edu email address)* Date

How to Submit Your Cancellation Form

The preferred method is to complete this form electronically, and email it to: Benefits@du.edu By fax: Attention: Benefits, Human Resources 303-871-3656 Keep a copy of the fax transmission report with your form for your records.	In Person Keep a copy for yourself and bring your completed original form to: Mary Reed Hall 4th Floor 2199 S. University Blvd Denver, CO 80208	By US Mail – *Not Preferred* Make a copy for your records and send originals to: Benefits, Human Resources Mary Reed Hall 2199 S. University Blvd Denver, CO 80208 By Campus Mail – *Not Preferred* Benefits, Human Resources Mary Reed Hall 4th Floor

Internal Use Only

Notes/Instructions