

Opt-Out Form Instructions: Cigna True Choice Medicare Advantage Group PPO

Effective 1/1/2023, the University of Vermont is replacing your current retiree medical and pharmacy coverage plan with Cigna True Choice Medicare Advantage Group PPO plan. **You will be automatically enrolled in the Cigna True Choice Medicare Advantage Group PPO plan unless you notify us.**

If you do not want to retain coverage under the University of Vermont Medicare Advantage health care plan, you can opt out by completing this form, signing it, and sending it back to HRsinfo@uvm.edu or mail to the University of Vermont, Human Resource Services Waterman 228, 85 South Prospect Street, Burlington, VT 05405. **Important:** If you, as the contract holder, decide to opt out of the Cigna True Choice Medicare Advantage Group PPO, everyone on your retiree medical plan will no longer have medical coverage through the University of Vermont.

If you wish to decline coverage, complete all sections below and return.

Retiree's Last Name	Retiree's First Name	Retiree's Date of Birth

I decline University of Vermont's Cigna True Choice Medicare Advantage Group PPO plan for myself and understand this will result in cancellation of all health benefits for me and all dependents currently covered by the University of Vermont.

I want to join the University of Vermont's Cigna True Choice Medicare Advantage Group PPO plan but wish to remove the following Medicare-eligible dependents from my retiree medical benefit:

Dependent's Last Name	Dependent's First Name	Dependent's Date of Birth	Dependent's Signature
			X
			X
			X

Once you or your representative have checked one box above and provided any requested information, please complete the information below, sign, and date.

X _____
Retiree Signature

Date

Daytime phone number