



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

To opt-out of the medical and pharmacy coverage plan with Cigna True Choice Medicare Advantage Group PPO, please complete and return this form. Return the completed form via email to **HRinfo@uvm.edu** or by mail to **University of Vermont, Human Resources, 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 for **yourself**, check the box and complete the section below:

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.

Retiree First Name	Retiree Last Name	Date of Birth	Effective Date

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you wish to decline coverage for **your dependent**, check the box and complete the section below:

I decline University of Vermont’s Cigna True Choice Medicare Advantage Group PPO plan for the dependent(s) listed below and understand this will result in cancellation of all health benefits for the dependent(s) currently covered by the University of Vermont.

Dependent First Name	Dependent Last Name	Date of Birth	Effective Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date