



## STAFFORD COUNTY PUBLIC SCHOOLS RETIREE MEDICAL PLAN OPT OUT FORM

- ☐ I am currently enrolled in an Anthem Blue Cross Blue Shield KeyCare plan offered to Active Employees or Retirees, who **do not** qualify for Medicare B
- ☐ I am currently enrolled in The Hartford and Express Scripts\* offered to Retirees, who **do** qualify for Medicare B.

By opting out of the coverage, I (we) elect not to participate in the SCPS Retiree medical plan  
effective \_\_\_\_\_.

- I acknowledge that I **do not** wish to participate in any of the medical plans offered to Stafford County Public School (SCPS) Retirees.
- In waiving coverage, as an active employee transitioning to retirement, I (we) understand that coverage will end, and I (we) will be waiving rights to continue benefits under COBRA coverage.
- Any break in continued coverage of more than sixty-three days may cause loss of "portability" of coverage.
- I also acknowledge that, once I (we) drop coverage, my (our) decision is final and irrevocable.

**Note (Medicare B eligible Retirees):** By opting out of The Hartford and Express Scripts\*, I understand that my Medicare D creditable drug coverage also ceases. I understand that I will need to enroll in another prescription drug plan within the timeframe allowed by Medicare.

Employee/Retiree Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print*

Covered Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print*

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Covered Spouse Signature

\_\_\_\_\_  
Date

Daytime telephone number \_\_\_\_\_.

**Employees transitioning to retirement: submit this form with retirement package.**

**Current Retiree: Return form NO LATER THAN 30 days prior to disenrollment**

**TO: Stafford County Public Schools**

**Payroll & Benefits Office**

**31 Stafford Avenue**

**Stafford, Virginia 22554**