



ANTHEM U-65 PPO HDHP CHANGE FORM

Deadline: November 3, 2023

Submit this form only if:

- you have an address change to report; or
- you wish to cancel your IU-sponsored medical coverage; or
- you wish to drop medical coverage for your dependents.

Complete only the sections that apply.

You can disregard this form if:

- your address remains the same; and
- you wish to continue enrollment in IU-sponsored medical coverage.

PARTICIPANT INFORMATION		
Last Name:	First Name:	Middle Initial:
Anthem ID Number:		

ADDRESS CHANGE		
Complete this section only if you have an address change to report.		
Street:		
City:	State:	Zip:
Phone:	Email:	
Signature:		Date:

CANCEL COVERAGE		
Complete this section only if you wish to cancel coverage for yourself and/or your dependent(s). Check all options that apply.		
<input type="checkbox"/> Cancel my IU-sponsored medical plan coverage effective December 31, 2023.		
<input type="checkbox"/> Drop medical plan coverage for the following dependents:		
Dependent Name	Relationship to You	Date of Birth (mm/dd/yyyy)
Signature:		Date:

To sign this form digitally you must first save it to your device.

Email to askhr@iu.edu; or mail to IU Human Resources, ATTN: Retiree Specialist, 2709 E 10th Street, Suite 321, Bloomington, IN 47408.