



IU BLUE RETIREE PLAN

2024 Address Change/Coverage Termination Form

Submit this form only if:

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

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 medical coverage for yourself.	
<p>You will receive monthly billing statements for 2024 unless you indicate that you wish to cancel this coverage. You may cancel your coverage at any time during the year by contacting the IU Retiree Benefits Specialist at askhr@iu.edu or (812) 856-1234. NOTE: If you cancel your IU-sponsored coverage, you will not be able to enroll in IU-sponsored retiree coverage at a later time.</p>	
<input type="checkbox"/> Cancel my IU-sponsored medical plan coverage effective December 31, 2023.	
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, Ste 321, Bloomington, IN 47408.