



INDIANA UNIVERSITY

# Anthem IU Blue Retiree Plan

## ADDRESS CHANGE OR COVERAGE TERMINATION FORM

**Submit this form only if:**

- you need to change your mailing address; or
- you wish to cancel your IU Blue Retiree Plan coverage for yourself or your spouse.

**Complete only the sections that apply.**

**You can disregard this form if:**

- your address remains the same; and
- you wish to continue enrollment in the IU Blue Retiree Plan.

PARTICIPANT INFORMATION		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Anthem Health Plan ID Number:</b>		

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

CANCEL COVERAGE	
Complete this section only if you wish to cancel medical coverage for yourself.	
You will receive monthly billing statements for 2025 unless you indicate that you wish to cancel this coverage. You can cancel your coverage at any time during the year by contacting the IU Retiree Benefits Specialist at <a href="mailto:askhr@iu.edu">askhr@iu.edu</a> or (812) 856-1234. NOTE: If you cancel your IU-sponsored coverage, you will not be eligible to re-enroll in IU-sponsored retiree coverage in the future.	
<input type="checkbox"/> <b>Cancel my IU Blue Retiree Plan coverage effective December 31, 2024.</b> <input type="checkbox"/> <b>Cancel my spouse's IU Blue Retiree Plan coverage effective December 31, 2024.</b>	
<b>Signature:</b>	<b>Date:</b>

**Return to [askhr@iu.edu](mailto:askhr@iu.edu); or mail to IU Human Resources, ATTN: Retiree Specialist, 2709 E 10th Street, Ste 321, Bloomington, IN 47408.**