

Jane Gile
Human Resources Director



CITY OF MANCHESTER Human Resources Department

Dear Retiree:

If you are cancelling your health and/or dental insurance coverage under the City Of Manchester plan, or you are removing your spouse from your health and/or dental insurance, the following forms need to be completed:

1. Health insurance enrollment/change form (if cancelling your health insurance)
2. Dental Insurance enrollment/change form (if cancelling your dental insurance)
3. This form signed and dated (if cancelling your health insurance)

For Fire/Police retirees:

4. The NH Retirement Annuity Deduction Authorization Form

These forms are found on the following website: www.manchesternh.gov/retirees

Please complete the forms on-line, print completed forms, sign completed forms and mail all forms back along with a signed copy of this letter to the address shown below to the Attention of Benefits Coordinator.

It is important that you understand that the only time a retiree and/or spouse will be reinstated to the City of Manchester's group health insurance plan is if they have cancelled their insurance with the City of Manchester to go to another employer sponsored plan; and they can only return once they are **no longer eligible** for that employer sponsored plan. This means a retiree or his spouse becomes employed and the new employer offers health insurance coverage to them. Under these circumstances our former employee may cancel health insurance with the City of Manchester and expect to be reinstated when the new employment terminates. If a retiree and/or spouse cancel their health insurance under the City of Manchester plan for any other reason, they will no longer be able to participate in the City of Manchester's health insurance plan.

Your health insurance with the City of Manchester will not be cancelled until we have received all signed documents (or if you are removing just your spouse, his/her insurance will not be cancelled until we have received all signed documents).

Please do not hesitate to call if you have questions.

Sincerely,
Jane M. LaPerle/Susan Figg
Benefits Coordinator

I understand the above and accept.

Signature

Date