

**Comprehensive Medical Plan for Retirees  
Request to Waive Coverage Form**

Last Name	First Name	Middle Name
Street Address, City, State, Zip Code		Last 4 Digits of SSN

Please sign the bottom of this form to acknowledge you are waiving coverage:

☒ **I elect to waive the Comprehensive Medical Plan**

If you waive the Comprehensive Medical Plan, you will not incur imputed income for the Comprehensive Medical Plan. If you elect to continue Medicare Part B reimbursement, supplemental medical insurance, and retiree life insurance, if applicable, you will continue to be charged imputed income for these benefits.

In order to elect coverage at a future date, it will be necessary for you to provide documentation of continuous coverage from the date coverage was cancelled with SCPMG. If you are not continuously covered under another health plan, you will not be able to elect coverage at a future time. If you are attempting to enroll into another policy, do not discontinue coverage until your replacement coverage is active.

You may only re-enroll into a retiree medical plan during the fall Open Enrollment or if you experience loss of coverage of another health plan. The policy will take effect the first day of the month following receipt of your properly completed enrollment form and any necessary documentation.

Coverage will be discontinued on the first day of the month following receipt of your properly completed Request to Waive Coverage Form and any other necessary forms. If you have questions on the completion of this form, please contact PHR Shared Services at 1-877-608-0044, or [phrsharedservices@kp.org](mailto:phrsharedservices@kp.org).

X \_\_\_\_\_  
**Signature** **Date**

Your address, only if different from above:

\_\_\_\_\_  
Street address City, State, Zip Code

Email Address: \_\_\_\_\_

**Return completed form to:**

PHR Shared Services: [PHRSharedServices@kp.org](mailto:PHRSharedServices@kp.org)  
Southern California Permanente Medical Group c/o PHR Benefits Department  
393 E. Walnut Street, 3rd Floor Pasadena, CA 91188  
Phone: 1-877-608-0044 | Secure Fax: (626) 628-3789