



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Acknowledgement of Retiree Dental Insurance Termination

Please check one box below:

- Please **terminate** my retiree dental insurance coverage on (last day covered) _____ . I understand that I will never be able to re-enroll in retiree coverage in the future.
- Please **temporarily terminate** my retiree dental insurance coverage on (last day covered) _____. I intend to enroll as a dependent of a Fairfax County employee or as a re-employed annuitant. I understand that if I ever have a break in coverage, I will never be able to re-enroll in retiree coverage in the future. I will contact the Fairfax County Retirement Systems to re-enroll in the future when my coverage as an employee or dependent ends.

Please complete this form and mail it to the Retirement Systems at 10680 Main Street, Suite 280, Fairfax, VA 22030-3812. You may fax this form to 703-273-3185 if you prefer.

Name *(Please Print)*

Signature

Social Security Number *(Last 4 digits)*

Date

Address

City

State

Zip Code

Phone

#A002_12/29/2015