

Change of Address Form *for General County Retirees***

Employees' System

Police Officers System

Uniformed System

Name: _____ Social Security #: _____
(please print) *(last 4 digits)*

E-mail Address: _____

OLD Street Address: _____

NEW Street Address: _____

New/Current Phone Number(s): _____

Date of Move: _____

Important Information for Retirees with Kaiser Health Insurance

- Retirees who move outside of the county's Kaiser service area must change to one of the Cigna health plans listed below **within 30 days** of their move.

I would like to enroll in the Open Access – **OAP-Co-Pay** health plan (administered by CIGNA).

I would like to enroll in the Open Access – **OAP-90% Co-Insurance** health plan (administered by CIGNA).

I would like to enroll in the Open Access – **OAP-80% Co-Insurance** health plan (administered by CIGNA).

★ *If I choose one of the above options, I understand that I will be enrolled effective the first of the month following the receipt of this form or the date of my move, whichever is later.*

- Some retirees may live out of the area for *part of the year*; however, once they change their address of record, they must also change to one of the Cigna health plans. Further, if the retiree moves back into the county's Kaiser service area during the plan year, he/she must wait until the next open enrollment period to change back to the Kaiser plan.

***This form is for General County retirees. FCPS School retirees please use Schools specific Change of Address Form #ES038.*

Please CANCEL my health coverage effective the first of the month following receipt of this form. I understand that I will never be eligible to re-enroll in a County health plan.

PLEASE NOTE: If you no longer reside in Virginia, state tax withholding will cease.

Signature: _____ **Date:** _____