OBERLIN COLLEGE & CONSERVATORY | Department of Human Resources

Benefits Cancellation Form

Name: _____ **T#**_____

List the name(s) of the qualified dependent(s) whose coverage you are removing from your plan below. Check each plan you want changed.

First and Last Name(s)	*Medical	Dental	Vision	*Optional Life	*Optional AD&D		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		

***RETIREE'S/SURVIVING SPOUSE OF RETIREE:** If you are enrolled in the MedMutual Medicare Advantage Plan with SilverScript prescription coverage, you must contact HR Benefits, Med Mutual; and SilverScript to speak with a representative.

First and Last Name:_____**Phone Number:** _____

Signature:_____ **Date:** _____

Effective Date:_____

Email form to: human.resources@oberlin.edu **Phone (440) 775-8430** **Fax: (440) 775-8683**

US Mail: 173 W. Lorain Street Suite 205 Oberlin, OH 44074 **Campus Mail: Service Building Human Resources**