

# HEALTH INSURANCE CANCELLATION FORM

Today's Date: \_\_\_\_\_

Fire & Police Pension Fund  
3001 North Boulevard  
Tampa, FL 33603-5516

Please cancel my health insurance with the City of Tampa effective with my \_\_\_\_\_  
pension check.

I understand that this means my insurance coverage will be cancelled as of \_\_\_\_\_.

I understand that if I decide to apply at a later time, coverage may not be available until the next  
open enrollment.

*The cancellation must be received in the Fire & Police Pension Office by the 15<sup>th</sup> in order to be  
processed timely. For example: cancellation form must be received in the Fire & Police Pension  
Office by January 15, 2018 in order to be processed for January 31, 2018 cancellation, effective  
February 1, 2018.*

**I understand that if I cancel my health insurance coverage with the City of Tampa, I will  
not be able to reenroll at any time in the future for any reason.**

AUTHORIZED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

F&P ID #: \_\_\_\_\_

Coverage Cancellation Date  
Verified by F&P Pension Office: \_\_\_\_\_ / \_\_\_\_\_  
Initials/Date

Sent to Vince Capitano: \_\_\_\_\_ / \_\_\_\_\_  
Initials/Date