

State of Idaho Declination of Insurance Coverage



If you have questions, contact:
Department of Administration
Office of Group Insurance
208-332-1860 or 1-800-531-0597
ogi@adm.idaho.gov

COMPLETE ONLY TO DECLINE ALL BENEFITS

Your Name <i>(first, initial, last)</i>	Blue Cross ID Number <i>(if currently enrolled)</i>	Social Security Number / /	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City, State, Zip Code	Phone Number ()		
State Agency or department from which you are retired				

I hereby decline **all** benefits and understand they may be added at a later date subject to waiting periods and other eligibility requirements as outlined in the State of Idaho member contract.

Effective Date _____

Signature _____ Date _____