



# City of Detroit General Retiree Healthcare Trust

## HRA Opt Out Form

Name of Retiree: \_\_\_\_\_

Retiree SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

I would like to irrevocably **OPT OUT** of the retiree HRA effective \_\_\_\_\_.

I understand that by completing and returning this form, I will **NOT RECEIVE ANY HRA CONTRIBUTIONS** from the City of Detroit General Retiree Health Care Trust (the "RHC Trust") on or after the effective date indicated above. I understand that this **OPT OUT IS IRREVOCABLE AND CANNOT BE CHANGED** until the next open enrollment period.

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like to opt out of the spouse HRA benefit program **ONLY**, please complete the bottom portion of this form.

Name of Spouse: \_\_\_\_\_

Spouse SSN: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** City of Detroit General Retiree Healthcare Trust  
BeneSys HRA Claims Department  
P.O. Box 4955  
Troy, MI 48099-4955