



# 1199SEIU BENEFIT FUNDS

## 1199SEIU COORDINATED CARE PROGRAM OPT-OUT FORM

To opt out of the 1199SEIU Coordinated Care Program, print and complete this form and return it to: 1199SEIU Benefit Funds, Member Eligibility, PO Box 1035, New York, NY 10108-1035, or fax it to (646) 473-8878.

I am 18 years or older and I do not wish to participate in the 1199SEIU Coordinated Care Program at this time. I understand that if I change my mind, I will not be able to opt back into the program for the next 12 months.

Reason for opting out

Name (please print)

1199SEIU member's name Member ID #

Address City State Zip code Telephone

Relationship to 1199SEIU member:  Self  Spouse  Dependent

**X** \_\_\_\_\_  
Signature Date

I am the parent or legal guardian of the dependent listed below, and the dependent is younger than 18 years old. I do not wish to have my dependent participate in the 1199SEIU Coordinated Care Program at this time. I understand that if I change my mind, I will not be able to opt my dependent back into the program for the next 12 months.

Reason for opting out

Dependent's name (please print)

1199SEIU member's name Member ID #

Address City State Zip code Telephone

Relationship to dependent

**X** \_\_\_\_\_  
Member's signature Date