# State of Idaho
# Declination of Benefits

If you have questions, call:
Department of Administration
Office of Group Insurance
650 W. State Street
Boise, ID 83720-0035
208-332-1860 or 1-800-531-0597
***ogi@adm.idaho.gov***

## COMPLETE ONLY TO DECLINE ALL BENEFITS

| Your Name *(first, initial, last)* | Blue Cross ID Number *(if currently enrolled)* | Social Security Number | Date of Birth | ❑ Male ❑ 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** _____