



**LS&Co. RETIREE WELFARE PLAN CHANGE REQUEST FORM  
Terminate Coverage**

Please note that the effective date of the change will be the first of the month following the date that the form is received by LS&Co. Ask HR. If you have any questions, please call LS&Co. Ask HR at 1-844-474-5384.

<b>Retiree Name:</b>	<b>Employee ID Number:</b>
<b>Address:</b>	<b>Telephone #</b>

**Please note: If you TERMINATE your coverage, your coverage will not be reinstated at any time**

**REQUEST TO TERMINATE MEDICAL, RX AND/OR DENTAL BENEFITS COVERAGE:**

I elect to **TERMINATE** coverage under the LS&Co. Retiree Welfare Plan:

**STEP 1. Coverage to terminate (Please choose one):**

- Terminate Medical/RX\*
- Terminate Dental
- Terminate Supplemental Life
- Terminate Medical/RX\* and Dental

**For:**  **Myself**  **My dependent Spouse/Domestic Partner**  **My dependent child(ren)**

Dependent 1 name \_\_\_\_\_ Dependent 2 name \_\_\_\_\_

*Please Note: Retiree must be enrolled to cover dependent*

*\*Prescription coverage only for Age 65 Plan*

**STEP 2. I understand I am TERMINATING this coverage and it cannot be reinstated at any time.**

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

Mail this form to: **LS&Co. Ask HR**  
P.O. Box 2079  
Fort Lee, NJ 07024-2079

Fax to: 415-978-9853  
Email to: askHR@levi.com