



UNITED FEDERATION OF TEACHERS  
RETIRED TEACHERS CHAPTER  
52 Broadway, 17th Floor, New York, NY 10004  
212.228.9060 • Fax: 212.514.8427 • SHIP@uft.org

**SUPPLEMENTAL HEALTH INSURANCE PROGRAM**

**TERMINATE SHIP**

Member Name (Print): \_\_\_\_\_

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

UFT ID#: \_\_\_\_\_

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

Complete top part **AND** applicable sections below:

**1) Terminating SHIP Enrollment (Select one)**

- a) both Member and Spouse/Domestic Partner are **TERMINATING** SHIP Enrollment. (Member **MUST** sign (3a) **AND** Spouse/Domestic Partner **MUST** sign (3b) below)
- b) "only" Spouse/Domestic Partner is **TERMINATING** SHIP Enrollment. (Spouse/Domestic Partner **MUST** sign (3b) below)

**WARNING: Once terminated from SHIP you cannot re-enroll in the future.**

**2) Reason for Terminating (select one)**

- a) No longer meets SHIP's eligibility as described in the SHIP Booklet.
- b) No longer desire to be enrolled in SHIP.
- c) Divorced/Legally Separated (Enclose a copy of Divorce/Legal Separation Agreement).
- d) Other: \_\_\_\_\_

**3) Signature(s) required to Terminate SHIP Enrollment:**

\_\_\_\_\_  
(3a) Member's Signature      Date

\_\_\_\_\_  
(3b) Spouse/Domestic Partner's Signature      Date

By signing (3b) Spouse/Domestic Partner waives option to participate in SHIP by COBRA continuation coverage as described in the SHIP Booklet.

**4) In the event (3b) is NOT signed by Spouse/Domestic Partner, Member MUST complete below to the best of their knowledge. If any information unknown, write unknown in space.**

**Spouse/Domestic Partner**

Name (Print): \_\_\_\_\_

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

UFT ID#: \_\_\_\_\_

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