

# SHARP Dental/Vision/Hearing Permanent Opt Out Request

ALL INFORMATION MUST BE COMPLETED, AND  
APPROPRIATE BOXES CHECKED. INCOMPLETE  
FORMS WILL NOT BE PROCESSED.

Retiree Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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## Retiree Contact Information

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Home Phone	Cell Phone	Email Address
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I request permanent termination of SHARP DVH option for:  
(initial box for each selection)  Retiree  Spouse

You must initial each of the following boxes:

- Per SHARP Policy, I understand that my request for termination of SHARP DVH is a permanent and lifetime termination of the benefit. This includes requests to temporarily stop the benefit while residing outside the United States. I understand that mid-year terminations are not permitted, and my request will be processed for the beginning of the upcoming year.
- I understand that if I am currently eligible for a Health Reimbursement Account (HRA), my HRA funding will be adjusted for the beginning of the upcoming year and I must continue to be enrolled through Alight in an eligible medical or prescription drug plan to maintain eligibility. If I have a gap in my enrollment history through Alight, I forfeit the HRA benefit permanently.

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



443-391-7338

SHARP Retiree Help Line



[SHARP@NADAdventist.org](mailto:SHARP@NADAdventist.org)

SHARP Email



443-259-4880

Adventist Retirement Fax