



**THE UNIVERSITY OF UTAH**  
**2023 RETIREE**  
**OPEN ENROLLMENT FORM**  
Due: Friday, December 15, 2023  
Changes Effective January 1, 2024

***You only need to complete and return this form if you wish to cancel your Regence Medicare Script Prescription Drug coverage***

If you wish to retain your Regence Medicare Script Prescription Drug coverage, you do not need to take any action. You will receive a billing statement from Regence for payments due in 2024.

I wish to cancel my Medicare Script Prescription Drug coverage.

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

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* To drop Medicare Script prescription drug coverage, all enrolled members must sign*

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

Daytime Phone: \_\_\_\_\_

**Submit your completed form to:**  
UHRM 250 E 200 S, Suite 125, Salt Lake City, UT 84111  
Email: retiree@utah.edu