

PS/CORP CANCER INSURANCE POLICY RE-ENROLLMENT FORM

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
(602) 255-5575 | www.psprs.com

08/2026

FAX: (602) 296-2371

Email: cancerinsurance@psprs.com

CANCER INSURANCE RE-ENROLLMENT FORM

PRINT EMPLOYEE Full Name		SSN	Date of Birth (MM/DD/YYYY)
Address		City, State and ZIP	
Primary Phone	Email Address		

The Cancer Insurance Program allows additional coverage for eligible PSPRS and CORP retirees who have exhausted their earned coverage period pursuant to A.R.S. § 38-644. CORP employers must have elected to participate in this program for members to elect to receive coverage during employment and retirement.

1. I understand that PSPRS will review my service record and Cancer Insurance Policy coverage history to make a final determination concerning my eligibility for additional coverage.
2. I understand that upon receipt of this registration form and affirmative determination of my eligibility PSPRS will invoice me for additional cancer insurance coverage.
3. I understand that annual premium amounts are set by the PSPRS Board of Trustees, which has set a 2027 fiscal year premium of \$185, and that future premium rates are subject to change.
4. I understand that my coverage is effective upon premium payment.
5. I understand that the full annual premium will be deducted from my pension in July of each year going forward and that I have 180 days after each annual deduction to request a refund, but doing so will end coverage and eligibility for future coverage.
6. I understand that I have until January 1, 2027 (for fiscal year 2026/2027), or within the timeframe of invoice to re-enroll in coverage.
7. I have reviewed and understand this benefit, including eligibility requirements and coverage limitations, as provided at www.psprs.com.

☐ **I wish to re-enroll in the Cancer Insurance Program for additional coverage and agree to the terms listed above. This form can be mailed, faxed or emailed to PSPRS.**

Retiree signature (must print and sign)

Date (MM/DD/YYYY)