

Benefits Cancellation Form

TO: Human Resources, City Hall, Room 306

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

I hereby wish to cancel the following plan(s):

- ☐ MetLife Dental Low Individual plan
- ☐ MetLife Dental Low 1+1 plan
- ☐ MetLife Dental Low Family plan

- ☐ MetLife Dental High Individual plan
- ☐ MetLife Dental High 1+1 plan
- ☐ MetLife Dental High Family plan

- ☐ MetLife Davis Vision Individual plan
- ☐ MetLife Davis Vision 1 +1 plan
- ☐ MetLife Davis Vision family

- ☐ Boston Mutual Basic Life Insurance
- ☐ Boston Mutual Voluntary Life Insurance

- ☐ GIC (**must complete** GIC change form - submit to Human Resources with required documentation)

- ☐ Proflex FSA

- ☐ Other(please specify): _____

The effective date of cancellation is: _____

Employee/Retiree signature: _____

HR Office Use Only

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> AE / <input type="checkbox"/> RE | <input type="checkbox"/> MTR |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> HRB |
| <input type="checkbox"/> Fringe | <input type="checkbox"/> BS |
| <input type="checkbox"/> ML | <input type="checkbox"/> Deductions |
| <input type="checkbox"/> BM | <input type="checkbox"/> Group |
| <input type="checkbox"/> XL | <input type="checkbox"/> Ins Class |