

**Plano Independent School District Risk Management
CANCELLATION REQUEST FORM**

EMPLOYEE INFORMATION (Please Print)

Last Name	First	MI

Social Security Number

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Please cancel the following:

- Optional Life Insurance
- employee (and dependent, if any)
 - dependent only

- Disability Insurance

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I understand that all cancellation forms received by the monthly payroll deadline will become effective the first day of that month.

Employee authorizing marked cancellation MUST sign in this box:

	Date
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Benefits Office Use Only:

Effective Date: _____

Stamp Received:

Life Insurance: CIMS ACT
if total cancellation, pull life insurance form
if dependent only cancellation, attach to life insurance form

Disability Insurance: CIMS ACT