

CANCELLATION / TERMINATION REQUEST

PARISH NAME

CITY

PARISH #

EMPLOYEE INFORMATION

CANCELLATION OF BENEFIT(S)

TERMINATION OF EMPLOYMENT

NAME

SOCIAL SECURITY NUMBER

PLEASE CHECK ALL THAT APPLY

Cancellation of Health/Dental and & Voluntary Life Insurance coverage while actively employed requires a written request from the employee and must be attached to this form.

TERMINATION OF EMPLOYMENT

EFFECTIVE
/ /

HEALTH INSURANCE *(Include completed Group Coverage Continuation Form)*

EFFECTIVE
/ /

OPTIONAL 125 HEALTH PLAN

EFFECTIVE
/ /

DENTAL INSURANCE *(Include completed Group Coverage Continuation Form)*

EFFECTIVE
/ /

LONG-TERM DISABILITY

EFFECTIVE / /

VOLUNTARY LIFE INSURANCE

EFFECTIVE / /

BASIC LIFE INSURANCE

EFFECTIVE / /

AFLAC INSURANCE

EFFECTIVE / /

COMPLETE THIS FORM AND RETURN TO:
DIOCESE OF SUPERIOR
P.O. BOX 969
SUPERIOR, WI 54880
ATTN: EMPLOYEE BENEFITS