

# **CANCELLATION FORM**

**(CCEA and CESPAs must be cancelled directly with the unions)**

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Please cancel my deduction to:** \_\_\_\_\_

**In the amount of \$**\_\_\_\_\_

Effective Date of Termination: \_\_\_\_\_

**\*\*It is the employee's responsibility to notify the Insurance Agent/Vendor that you are cancelling their policy\*\* (CCEA and CESPAs must be cancelled directly with the unions)**

**Your request is not guaranteed until approved by the Payroll Dept. Please note that all other deductions will continue active unless another cancellation request is received and approved by the Payroll Dept. Please return the original to the Payroll Department.**

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Received by: Payroll Department \_\_\_\_\_

**Date:** \_\_\_\_\_