

Date \_\_\_\_\_

**TO:** Department of Human Resources

**FROM:** \_\_\_\_\_

**RE:** CANCELLATION OF SUPPLEMENT INSURANCE or ANNUITY

**You are hereby authorized to cancel the following described insurance/annuity from my payroll check.**

**NAME OF COMPANY** \_\_\_\_\_

**NAME OF INSURANCE** \_\_\_\_\_

**EFFECTIVE DATE OF CANCELLATION** \_\_\_\_\_

**Signature** \_\_\_\_\_

**A#** \_\_\_\_\_

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**For Human Resources Use Only**

**Total Amount of Deduction:** \_\_\_\_\_ **Pre-tax** \_\_\_\_\_ **Post-tax** \_\_\_\_\_

**New Amount:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_

**\*\*\*\*\*Do not use for health and life insurance cancellations; use original forms.**