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INSURANCE CANCELLATION FORM

PLEASE CANCEL MY \_\_\_\_\_ INSURANCE EFFECTIVE \_\_\_\_\_

I do understand that I will not be allowed to enroll until the next Open Enrollment Period once every year in the month of August or September unless I have a “qualifying event” under IRS guidelines.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature