



## Voluntary Plan Cancellation Form

Please select the plan(s) you wish to cancel:

### **American Fidelity**

- Accident
- Cancer
- Disability
- Life

### **The Standard**

- Disability
- Life

### **Hyatt Legal**

- Pre-paid Legal

### **The Hartford (FBC)**

- AD&D
- Life

### **Liberty Mutual**

- Auto/Homeowner's

### **UNUM**

- Long-term Care

### **VOYA**

- Life

### **Texas Life**

- Life

I am no longer interested in the benefits of this plan, nor the coverage therein and I wish to discontinue my current policy. **I understand that voluntary plans deducted pre-tax may only be cancelled at the end of the current plan year (December 31<sup>st</sup>).**

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

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Cancellation Effective Date