



North East Independent School District

Insurance Cancellation

Name _____ Employee ID Number _____
Campus/Location _____ Monthly _____ Biweekly _____

I hereby request the following insurance coverage to be cancelled effective immediately:

- Group Term Life Insurance (American National)
- Disability/Income Replacement (UNUM Provident)
- Cancer/Catastrophic Illness (Transamerica Assurance Company)
- Cancer/Catastrophic Illness (Allstate)
- Vision Plan (Humana)

Employee Signature

Date

For Office Use Only:

Cafeteria Plan: LIFE _____ CANCER _____

Change Effective _____ Approval _____ Date Processed _____