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# North East Independent School District

## Insurance Cancellation

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Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_  
Campus/Location \_\_\_\_\_ Monthly \_\_\_\_\_ Biweekly \_\_\_\_\_

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

- Group Term Life Insurance (UNUM)
- Disability/Income Replacement (UNUM)
- Cancer/Catastrophic Illness (Transamerica Assurance Company)
- Cancer/Catastrophic Illness (Allstate)

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

\_\_\_\_\_  
Date

For Office Use Only:

Cafeteria Plan: LIFE \_\_\_\_\_ CANCER \_\_\_\_\_

Change Effective \_\_\_\_\_ Approval \_\_\_\_\_ Date Processed \_\_\_\_\_