

This is to notify Employee Benefits/Insurance that I wish to ADD/CANCEL the following deduction(s) from my payroll check:

Please indicate whether it is family or single coverage that you wish add or cancel.

	ADD	CANCEL
Cigna Health		
Cigna Dental		
Cigna Vision		
Sun Life Optional		
Sun Life Dependent		
Aflac		
American General		
Liberty National		
Washington National		
STD		
Jimmy Floyd Center		
Pre-paid Legal Legal Shield		
Unum Provident		
Allstate		
New York Life		
Life Ins. Of Alabama		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 of Social Security #

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_