

# Cancellation of coverage or deduction

Pay F002

To cancel a current coverage or deduction, fill out this form and return it to the Payroll Department at least 10 days prior to payroll.

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

Building\_\_\_\_\_

Please cancel coverage / deduction for the following:

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I understand that this form replaces all previous forms and it will take effect on next paycheck,

Signature\_\_\_\_\_

Date\_\_\_\_\_