

2009-2010 End of Year Stop/Continue Benefits

Name: _____ Emp. #: _____

My final paycheck will be in June. (please enter date) _____

_____ I am requesting to cancel my Insurance effective June 30th.

Employee Signature/Date: _____

Benefit Staff Received: _____

For Office Use Only:

Date Rcvd		Amt.		Posted	
Action		Adj.		COBRA	