



## CANCELLATION OF VOLUNTARY PRODUCTS FORM

Last Name(print)	First Name	MI	
Street Address	City	State	Zip
Social Security Number			

Cancellations made during a pay period WILL HAVE deductions on next paycheck. Stopping Voluntary Insurance deductions may take 2-3 weeks to reflect on your paycheck.

Please cancel my: (Please circle products you wish to cancel)

- Short Term Disability
- Long Term Disability
- Accidental Death & Dismemberment
- Supplemental Life (circle all that apply)  
Myself      Spouse      Children
- Accident Insurance
- Group Accident
- Critical Care
- Group Critical Care
- Group Cancer
- Universal Life
- Whole Life

I understand that South Point Benefits will discontinue the above indicated Voluntary Supplemental Coverage(s) as soon as administratively possible. I also understand if I wish to enroll for coverage at a later date I may be required to provide evidence of good health/insurability and my request for coverage may be denied. In addition to canceling Supplemental Life for myself it will automatically cancel Supplemental Life for spouse and/or child. I fully understand and accept all responsibilities of this request for cancellation of coverage.

Employee Signature	Date
Plan Administrator	Date

Effective Cancellation Date \_\_\_\_\_ at 12:00Midnight  
This date is not the date you sign but the last day of the current pay period.