



Haverhill Public Schools

Benefits

Benefits Cancellation Form

DATE: _____

NAME: _____

I hereby wish to cancel the following plan(s):

- ☐ GIC (Must provide proof of other coverage)
- ☐ MetLife Low Individual Plan
- ☐ MetLife Low Individual +1 Plan
- ☐ MetLife Low Family Plan
- ☐ MetLife High Individual Plan
- ☐ MetLife High Individual+1 Plan
- ☐ MetLife High Family Plan
- ☐ Boston Mutual Basic Life Insurance
- ☐ Boston Mutual Voluntary Life Insurance
- ☐ Other (please specify): _____

The effective date of cancellation is: _____

Employee Signature: _____