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# Haverhill Public Schools

## *Benefits*

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### Benefits Cancellation Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

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

- Health Insurance
  - GIC Enrollment/Change Form
  - Proof of new health insurance coverage (includes effective date) only if outside of open enrollment.
- Dental Insurance
  - High Plan
  - Low Plan
- Life Insurance
  - Boston Mutual Basic Life Insurance
  - Boston Mutual Voluntary Life Insurance
- Other (please specify): \_\_\_\_\_

Reason for cancellation:

- Open Enrollment
- Qualifying Event: \_\_\_\_\_

Employee Signature: \_\_\_\_\_