



Last Name(print)	First Name	MI
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Employee Number	Social Security Number	Property
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Please cancel my voluntary:

- Short Term Disability (STD**)

- Long Term Disability (LTD** or LTDEX)

- Executive Spouse Life Insurance (ESL**)

<input type="checkbox"/> Whole Life (circle all that apply): (PROVLI or BOSTLI)		
Myself	Spouse	Child(ren)

<input type="checkbox"/> Supplemental Term Life* (circle all that apply):		
Myself (E-LIFE)	Spouse (SPLIFE)	Child(ren) (C-LIFE)

**Will be followed by a letter or a number

I understand that PERCS will discontinue deductions on the above indicated Voluntary Supplemental Coverage(s) as soon as administratively possible. I also understand if I wish to re-enroll for coverage, medical underwriting may be required and request may be denied. *I am aware that canceling Supplemental Life on myself will automatically cancel Supplemental Life for spouse and/or child(ren). I fully understand, and accept all responsibilities of this request for cancellation of coverage.

Employee Signature	Date
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Plan Administrator	Date
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Please forward or fax to PERCS
Fax: (702) 792-7288 / 792-7219 or (800) 897-0711 / 898-0711

For questions contact Patricia Martinez (702) 792-7344 or the PERCS office at (800) 556-0711 ext. 7344