MainePERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

P.O. Box 349
Augusta, ME 04332-0349
Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
Fax: (207) 512-3101
Maine Relay: 711

CANCELLATION/REDUCTION IN COVERAGE

Employee's Name: _____ _____ _____ _____
(First) (MI) (Last) (Suffix)

Social Security Number: _____ Date of Birth: _____ _____ _____
(mm) (dd) (yyyy)

Mailing Address: _____ _____ _____ _____
(Street/PO Box) (City/Town) (State) (ZIP)

Phone: _____ Email address: _____

❑ Please cancel **BASIC** GROUP LIFE INSURANCE thereby canceling all coverage.

SUPPLEMENTAL GROUP LIFE INSURANCE

❑ Please cancel all Supplemental coverage.

❑ Please reduce current Supplemental to Supplemental _____.

❑ **DEPENDENT GROUP LIFE INSURANCE**

Please cancel all Dependent coverage.

I am cancelling due to the following:

❑ I no longer need this coverage.

❑ I no longer have any eligbile dependents (e.g.,spouse, or any unmarried, biological or adopted children under 19 or children no longer age 19-22 and no longer full-time students). The last date I had an eligible dependent was: _____.

❑ Please reduce Dependent B to Dependent A.

Do you have any comments regarding your reduction or cancellation in coverage?

Comments: _____

_____

I understand that if I wish to reinstate any coverage I have cancelled or reduced, I must furnish, at my own expense, Evidence of Insurability satisfactory to the Maine Public Employees Retirement System.

I also understand my coverage will cease or be reduced at the end of the month in which notice is received by my employer.

Employee Signature: _____ Date: _____

PLEASE RETAIN A COPY FOR YOUR RECORDS