



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:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Social Security Number:

Date of Birth:

(mm)	(dd)	(yyyy)

Mailing
Address:

(Street/PO Box)	(City/Town)	(State)	(ZIP)

Employer

Location Code:

Employer

Location Name:

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

SUPPLEMENTAL GROUP LIFE INSURANCE

- Please cancel all Supplemental coverage.
- Please reduce Supplemental 3 to Supplemental 2.
- Please reduce current Supplemental to Supplemental 1.

DEPENDENT GROUP LIFE INSURANCE

- Please cancel all Dependent coverage.
- Please reduce Dependent B to Dependent A.

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: _____