



Please interoffice form to HR Attn: Benefits  
Or Mail to:  
City of Manchester  
Human Resources/Benefits  
One City Hall Plaza  
Manchester, NH 03101  
Phone: (603) 624-6543 Fax (603) 628-6065  
benefitscoordinator@manchesternh.gov

## CITY OF MANCHESTER LONG TERM DISABILITY CANCELLATION FORM

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

DEPARTMENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EFFECTIVE DATE OF CANCELLATION: \_\_\_\_\_

*(effective date is always last day of the month)*

REASON FOR CANCELLATION:

Voluntary Cancellation:

Other:

If you checked off "Other" please explain below:

Please cancel my Optional Long Term Disability Insurance on the effective date listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date