



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 OPTIONAL LIFE INSURANCE CANCELLATION FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EFFECTIVE DATE OF CANCELLATION: _____

(effective date is always last day of the month)

Please Cancel the Optional Life insurance Coverage for *(check all that apply)*:

Employee (self) Amount of Coverage _____

Spouse Amount of Coverage _____

Child (ren) Amount of Coverage _____

REASON FOR CANCELLATION:

Voluntary Cancellation:

Other:

If you checked off "Other" please explain below:

Signature

Date