

# Payroll Stop Deduction Sheet

Payroll deductions to be stopped (please check all that apply):

	<b>Company</b>	<b>Benefit</b>	<b>Drop Effective Date</b>
<input type="checkbox"/>		Disability Insurance	
<input type="checkbox"/>		Other	

Please cancel my previously authorized employee benefit election(s) as outlined above.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
School District Name (please print)

\_\_\_\_\_  
Employee Identifier (Employee ID or SSN)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To ensure there is no gap in your coverage, it is recommended you talk with your payroll department and confirm when your new insurance carrier is starting payroll deductions vs. your existing carrier. It is still your responsibility to contact your current insurance carrier to cancel coverage.