

**Human Resources  
MEMORANDUM**

TO: Benefits Office  
FROM: \_\_\_\_\_  
BANNER ID: \_\_\_\_\_  
SUBJECT: Cancellation of Insurance  
DATE: \_\_\_\_\_

**Please Cancel the Following Insurance:**

\_\_\_\_\_ Kaiser      \_\_\_\_\_ Dental      \_\_\_\_\_ Life

**For:**

\_\_\_\_\_ Myself      \_\_\_\_\_ My Dependent (list name/s)      \_\_\_\_\_ Myself and Dependent(s)

**Effective Date of Cancellation:** \_\_\_\_\_

**Reason for Cancellation:**

- \_\_\_\_\_ Divorce (spouse is eligible for COBRA\*) – need copy of decree
- \_\_\_\_\_ Marriage (I will now be insured through my spouse's employer) – need letter from spouse's employer
- \_\_\_\_\_ My spouse has a new job and is now eligible for insurance there – need letter from spouse's employer
- \_\_\_\_\_ My child is no longer a dependent (child is eligible for COBRA\*)
- \_\_\_\_\_ I am taking a leave of absence
- \_\_\_\_\_ Deductions are Post-Tax
- \_\_\_\_\_ Other: \_\_\_\_\_

\*My spouse/dependent is eligible for COBRA coverage, please send COBRA information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Phone Number

Date