

# City of Raleigh

## Stop the Deduction Form

Plan Year: Jan 1, 2023 through Dec 31, 2023

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

I request the premium payroll deduction be cancelled/changed for the following benefit(s) effective 01/01/2023:

Payroll Deducted Insurance Benefit	Ded Amount	Employee Initials
UNUM Whole Life (Employee <b>MUST</b> call UNUM to <u>cancel</u> policy!)		
SunLife Optional Term Life ___ Employee    ___ Spouse    ___ Child(ren)		
Boston Mutual Whole Life (Employee <b>MUST</b> call Boston Mutual to <u>cancel</u> policy!)		

I understand that by signing this document, my Employer will stop the payroll deduction and advise insurance carrier to cancel coverage,

- **UNUM Whole Life MUST BE cancelled by employee by calling: (800) 635-5597.**
- **Boston Mutual Whole Life MUST BE cancelled by employee by calling: (800) 669-2668**

I understand that if I wish to enroll in the insurance plans at a later date, I may be subject to medical underwriting.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enroller Signature

\_\_\_\_\_  
Date