

Wayne County Government Stop Deduction Form

Plan Year – July 1, 2024 through June 30, 2025

Employee Name: _____

Social Security Number: xxx-xx-_____

I request the premium payroll deduction be cancelled for the following benefit(s) effective **7/01/2024**:

Payroll Deducted Insurance Benefit	Employee Initials	Deduction Amount
MASS MUTUAL WHOLE LIFE		
Other		

I understand that by signing this document, I am authorizing Wayne County Government to stop payroll deductions for this coverage. However, this **does not cancel the policy**.

I am aware that I need to call Mass Mutual to officially cancel the policy so I am not losing any cash value associated with the policy. This form will only stop the payroll deduction.

MASS MUTUAL: (800) 272-2216 GROUP #75957

Employee Signature

Date

Enroller Signature

Date