

MESQUITE ISD CANCELLATION REQUEST

NAME: _____

DATE: _____ EMPLOYEE ID #: _____

My signature below authorizes cancellation of the following indicated deductions. I understand payroll changes will be made the first of the following month after this request is received in the Benefits Office.

403(b), 457 or ROTH 403(b)

Annuity or Mutual Funds (please state name of company here):

Lone Star 529 Plan

UNSHELTERED

Automobile/Homeowners Insurance ☞

☞ By Texas State law, we are not allowed to stop your payroll deduction for auto insurance unless you provide a copy of your new coverage. Please attach it to this form.

Disability Insurance

Fidelity Life Insurance → (Complete a Fidelity Life Request for Service Form to cancel this benefit. Note: if you have a legal spouse, your spouse is required to sign this form, as well.)

Pre-Paid Legal Services Insurance

Term Life Insurance

Other _____

SHELTERED

Premiums for the plans listed below are paid through the Section 125 Cafeteria Program with tax-sheltered dollars. Since an extra form is required, you must come to the Benefits Office to cancel any of these benefits.

- ✓ Health Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- ✓ Accidental Death & Dismemberment Insurance
- ✓ Cancer Insurance
- ✓ GAP Plan Insurance
- ✓ Unreimbursed Medical Expense Account or Dependent Care Account

Signature of MISD employee: _____

Please return this completed form to the Benefits Manager.