maine PERS
Public Employees Retirement System

P.O. Box 349
Augusta, ME 04332-0349
Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
Fax: (207) 512-3101
TTY: (207) 512-3102

# CANCELLATION/REDUCTION IN COVERAGE

Employee's Name: (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number: Date of Birth: (mm) (dd) (yyyy)

Mailing Address: (Street/PO Box) (City/Town) (State) (ZIP)

Employer Location Code: Employer Location Name:

❑ Please cancel **BASIC** GROUP LIFE INSURANCE thereby canceling all coverage.

## SUPPLEMENTAL GROUP LIFE INSURANCE

❑ Please cancel all Supplemental coverage.

❑ Please reduce Supplemental 3 to Supplemental 2.

❑ Please reduce current Supplemental to Supplemental 1.

## DEPENDENT GROUP LIFE INSURANCE

❑ Please cancel all Dependent coverage.

❑ Please reduce Dependent B to Dependent A.

I understand that if I wish to reinstate any coverage I have cancelled or reduced, I must furnish, at my own expense, Evidence of Insurability satisfactory to the Maine Public Employees Retirement System.

I also understand my coverage will cease or be reduced at the end of the month in which notice is received by my employer.

Employee Signature: _____ Date: _____

**PLEASE RETAIN A COPY FOR YOUR RECORDS**