

Returned Signed Form to:  
 Email: [service@oldefayettevilleinsurance.com](mailto:service@oldefayettevilleinsurance.com)  
 Fax: 910-485-6211

Forms must be returned by  
 October 28, 2022



**PAYROLL DEDUCTION CANCELLATION**  
**PLAN YEAR: January 1, 2023 – December 31, 2023**

Employee Name: \_\_\_\_\_ (Print Only)

Phone: \_\_\_\_\_

**ALERT: Do not check a benefit if you are simply changing coverage. Only check if you wish to CANCEL the policy.**

I REQUEST TO STOP THE PAYROLL DEDUCTION ON THE FOLLOWING BENEFITS EFFECTIVE 01/01/2023	Employee Initial	Enroller Initial
Dental *Note there is a 2-year waiting period to re-enroll when coverage is cancelled		
Vision *Note there is a 2-year waiting period to re-enroll when coverage is cancelled		
Short Term Disability *Note there is a 2-year waiting period to re-enroll when coverage is cancelled		
Aflac Accident		
Aflac Critical Illness		
Transamerica Cancer		
Trustmark Hospital StayPay		
Trustmark Universal Life		
Dearborn Group Term Life		
Dearborn Dependent Term Life		

I understand that it is my responsibility to contact the insurance carrier directly or Olde Fayetteville Insurance to complete the necessary paperwork to cancel my policy/policies to make the cancellation official. This document is being signed during the Annual Enrollment for the sole purpose of notifying my Employer that I wish to stop the payroll deduction.

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

Enroller (Print Only) \_\_\_\_\_

Date \_\_\_\_\_