

Community College of Southern Nevada Supplemental Insurance Cancellation Form

Name: _____ SSN: _____

Please cancel my deduction for the following supplemental products TO BE EFFECTIVE with my ____/____/____ paycheck.

PRE-TAX DEDUCTIONS

The following benefits were available on a pre-tax basis. If you elected to pre-tax this benefit, you must complete this form within 30 days of a qualifying event.

Personal Accident Insurance

Voluntary Indemnity Plan

CNA Insurance

AFLAC

Cancer Care Insurance

Personal Recovery Plus

American Fidelity

AFLAC

POST-TAX DEDUCTIONS

Life Insurance

Long-Term Care

Standard Insurance

AFLAC

Western Insurance

UNUM Provident

Automobile & Home Owner's Insurance

Short-Term Disability Insurance

Liberty Mutual

American Fidelity

Other: _____

Colonial Life

Employee Signature: _____ Date: _____

Please submit form to Human Resources, Mail Stop W40E