

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
 CANCELLATION FORM**

Please Print:

Employee Name: Last, First MI		Employee Number #
Home Phone Number :	Work Phone #:	Institution <input type="checkbox"/> WVU-Main <input type="checkbox"/> WVU-HSC Charleston <input type="checkbox"/> WVU-P <input type="checkbox"/> WVU-PSC <input type="checkbox"/> WVU-Tech

Please cancel my participation under the West Virginia University Group Accidental Death and Dismemberment Insurance policy underwritten by American International Group. I understand that coverage will end the month following the month this form is received by the Department of Human Resources Benefits Office.

Employee Signature: _____ Date: _____

Central Human Resources Use Only

Accepted on behalf of Employer by: _____ Date: _____

For HR Use:

Final Deduction: Month _____ Cycle _____ Year _____