



North East Independent School District

Insurance Cancellation

Name _____ Employee ID Number _____

Campus/Location _____ Monthly _____ Biweekly _____

I hereby request the following insurance coverage to be cancelled effective immediately:

- ☐ Group Term Life Insurance - Employee (The Standard)
- ☐ Group Term Life Insurance - Spouse (The Standard)
- ☐ Group Term Life Insurance – Child(ren) (The Standard)
- ☐ Disability/Income Replacement (The Standard)

Employee Signature

Date

For Office Use Only:

Change Effective: _____ Approval _____ Date Processed _____