



Attn: Career Personnel, Benefits Coordinator

I would like to cancel my benefits selected below effective _____ (Today's date or later). I understand that I will not be able to re-enroll in the any of the canceled benefits until Career Personnel's next open enrollment period unless I have a qualifying event.

Please note that upon cancelation of the primary benefits holder's policy, all dependents, if any, will also be canceled. Should you like to cancel any plan for your dependent only, please select that option below and write the dependent(s) name in the space provided. If you are canceling the selected benefit for all dependents, write ALL.

Please select all that apply to this cancelation:

- | | |
|---|--|
| <input type="checkbox"/> Medical for Policyholder | <input type="checkbox"/> Medical for Dependent(s) Only _____ |
| <input type="checkbox"/> Dental for Policyholder | <input type="checkbox"/> Dental for Dependent(s) Only _____ |
| <input type="checkbox"/> Life for Policyholder _ | <input type="checkbox"/> Life for Dependent(s) Only _____ |

Signature of Employee/Policy Holder

Today's Date

Print Name

SSN (Last 4)

***Completed forms can be returned via email to Benefits@Careerpersonnel.com or by fax to (706) 722-1659. If you have any questions regarding this form please contact Jessica DeLaigle by email at Benefits@careerpersonnel.com or by phone at (706) 722-1265 ***