



CANCELLATION NOTICE FOR SELF-PAY HEALTH AND LIFE INSURANCE

The effective date of cancellation must be on the first of the month since premiums are not prorated. Please refer to the special note below regarding the cancellation of a Medicare plan. To cancel a life insurance policy underwritten by The Hartford, do not complete this form. Contact The Hartford directly at (855) 396-7655 to cancel.

Employee/Retiree Name: _____

Employee/Retiree District ID #: _____

I would like to discontinue the following plan(s) effective _____
(Effective Date)

Select Plan(s) to cancel:

- Medical *
- Dental
- Vision
- American Fidelity:
 - Life Disability
 - Cancer Accident

****SPECIAL NOTE FOR MEDICARE PLANS:***
The Centers for Medicare & Medicaid Services (CMS) require written notification of termination. You must complete a separate disenrollment form in addition to district cancellation form. Medicare plans cannot be terminated retroactively. You are responsible for all premiums due prior to the effective termination date of medical plan.

Signature

Date

Phone Number

Email Address

Return completed form to the Employee Benefits Department

Mail: Employee Benefits Department
4100 Normal St, Room 1150-A
San Diego, CA 92103

Email: employeebenefits@sandi.net
Fax: (619) 725-8132