

Franklin County Schools Stop Deduction Form

Plan Year – September 1, 2020 through August 31, 2021

Employee Name: _____

Social Security Number: xxx-xx-_____

I request the premium payroll deduction be cancelled for the following benefit(s) effective 9/01/2020:

Payroll Deducted Insurance Benefit	Employee Initials	Employee Signature	Deduction Amount
Individual Aflac Accident			
Individual Aflac Cancer			
Individual Aflac Critical Illness			
Individual Aflac Disability			
Individual Aflac Hosp Indem			
Individual Aflac Intensive Care			
Individual Aflac Life			
Individual Aflac Sickness			
Mark III Texas Life **Employee MUST call Texas Life to cancel the policy for 9/1/20** (800) 283-9233			
Other			

I understand that by signing this document, I am authorizing Franklin County Schools to stop payroll deductions. However, this does not cancel the policy. The policy will lapse as a result of non-payment of premium and I will receive a letter from the carrier to that effect.

I understand that if cancelling Texas Life, I need to contact Texas Life directly to cancel the policy. Texas Life will then send a letter stating the cash value of the policy at cancellation.

Employee Signature

Date

Enroller Signature

Date