

# Person County Government 2020 - 2021

## STOP THE DEDUCTION FORM

Plan Year – July 1, 2020 through June 30, 2021

Employee Name: \_\_\_\_\_

Social Security # (Last four digits): \_\_\_\_\_

Carrier	Type of Policy	Employee Initials
<b>Texas Life Whole Life</b> You must call 1-800-283-9233 to cancel your policy as it may have cash value.	<b>Whole Life</b>	
<b>Aflac Individual Policies</b>	Please enter type of policy: _____	
<b>Colonial Individual Policies</b>	Please enter type of policy: _____	

I understand that by signing this document, or consenting to a Mark III Enroller signature on my behalf, my Employer will stop the payroll deduction.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enroller or HR Personnel Signature (PRINT)

\_\_\_\_\_  
Date