

Scott 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
Texas Life Whole Life <i>You must call 1-800-283-9233 to cancel your policy as it may have cash value.</i>	Whole Life	
	Please enter who you would like to cancel: _____	

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