



Early Cancellation Notice for Insurance

Date: _____

To: Insurance Department
Mark Henry, Ed.D. Admin Bldg.
11440 Matzke Rd.

From: _____

Employee Number: _____

Department/Campus: _____

Contact Number: _____

Re: Early Benefits Cancellation Notice: ***This notice must be received in the Insurance Department at least 3 weeks prior to your final paycheck being issued.***

I am resigning my employment with Cypress-Fairbanks I.S.D. this summer, after the end of the current academic year. I know that I am eligible to have my TRS-ActiveCare medical insurance automatically extended through August 31st for the same cost that I've been paying as an active employee; however, I do not want the extended coverage.

Please cancel my TRS-ActiveCare medical coverage:

_____ June 30th

_____ July 31st

I understand that the payroll deductions for the coverage through the above date will be deducted from my final paycheck.

Employee's Signature

Date