

**MISCELLANEOUS DEDUCTIONS AND INSURANCES  
 CANCELLATION FORM**

(Only those which are not pre-taxed may be ended with this form)

**Please return all completed forms to Human Resources, Benefits Section, Building 20E**

<u><b>Insurance Plan</b></u>	<u><b>Code</b></u>	<u><b>Bi-weekly Amount</b></u>
Long-term Disability	LD1/LD4	_____
Long-term Care (John Hancock)	CLT	_____
Post-Tax Life/AD&D Insurance	SD1	_____

<u><b>Miscellaneous Deductions</b></u>	<u><b>Code</b></u>	<u><b>Bi-weekly Amount</b></u>
Emergency Fund	EF1	_____
United Way	UWE	_____
University Foundation	FD1	_____
Other(s)		_____

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 UWF ID No.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Effective date of cancellation

\*\* Pre-taxed benefits may only be changed due to a qualifying status change event. Pre-tax benefits include: health, life, dental, hospital supplemental, vision, reimbursement accounts and plans with Colonial Insurance. Changes must be relevant to the event.