



College of Southern Nevada Supplemental Insurance Cancellation Form

Name _____ Employee ID # _____

Please cancel my deduction for the following supplemental products **TO BE EFFECTIVE** with my

paycheck.

PRE-TAX DEDUCTIONS

The following benefits were available on a pre-tax basis. If you elected to pre-tax this benefit, you must complete this form within 30 days of a qualifying event.

Personal Accident Insurance

CNA Insurance

Voluntary Indemnity Plan

AFLAC

Cancer Care Insurance

American Fidelity

Personal Recovery Plan

AFLAC

POST-TAX DEDUCTIONS

Life Insurance

Standard Insurance

Western Insurance

Long-Term Care

AFLAC

UNUM Provident

Short-Term Disability Insurance

American Fidelity

Standard Insurance

Colonial Life

If other, please list _____

Employee Signature

Date

Please submit form to Human Resources, Mail Stop W40E