



CANCELLATION NOTICE FOR SELF-PAY HEALTH AND LIFE INSURANCE

The effective date of cancellation must be on the first of the month since premiums are not prorated. Please refer to the special note below regarding the cancellation of a Medicare plan. To cancel a life insurance policy underwritten by The Hartford, do not complete this form. Contact The Hartford directly at (855) 396-7655 to cancel.

Employee/Retiree Name: _____

Employee/Retiree District ID#: _____

I would like to discontinue the following plan(s) effective_____.
(Effective Date)

Select Plan(s) to cancel:

- Medical*
- Dental
- Vision

- American Fidelity:
 - Life Disability
 - Cancer Accident

****SPECIAL NOTE FOR MEDICARE PLANS:
The Centers for Medicare & Medicaid Services (CMS) require written notification of termination by completing both a carrier-specific disenrollment form in addition to this district form. Medicare plans cannot be retroactively terminated. Enrollees are responsible for all premiums prior to the effective date of plan termination.***

Signature

Date

Return completed form to the Employee Benefits Department by any method below:

Mail: Employee Benefits Department
4100 Normal St Room 1150-A
San Diego, CA 92103

Email: employeebenefits@sandi.net
Fax: (619) 725-8132