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### Voluntary Benefits Payroll Deduction Cancellation Form

If you wish to cancel the deductions for any or all of your currently in-force policies, simply check the box next to all policies you wish to cancel deductions for. After your deductions are cancelled, you may receive a letter from Boston Mutual, Cigna Group Insurance, Aflac, or, Liberty Mutual providing you with the opportunity to maintain your policy via direct bill. You do not have to contact the carriers directly to cancel your policy, with the exception of Aflac (see more information below).

	Policy	HR Purposes Payroll Deduction Code
<input type="checkbox"/>	Boston Mutual Whole Life/ELO	WL
<input type="checkbox"/>	Cigna Group Ins. Voluntary Term Life	H&W
<input type="checkbox"/>	Cigna Group Ins. Voluntary Term Spouse Life	H&W
<input type="checkbox"/>	Cigna Group Ins. Voluntary Term Child Life	H&W
<input type="checkbox"/>	Aflac Short Term Disability	STI
<input type="checkbox"/>	Aflac Critical Illness	CRA
<input type="checkbox"/>	Aflac Accident	ACA
<input type="checkbox"/>	Aflac Hospital Indemnity	HIA
<input type="checkbox"/>	Liberty Mutual Policy _____	HAI

#### **Important Note about Boston Mutual Whole Life/ ELO Policies**

If you have a Boston Mutual Whole Life/ELO policy, and elected the Automatic Premium Loan Option, premiums will be deducted from any policy cash value after the grace period. In order to prevent your policy cash value from being used to pay the policy premium, you must send written notice to Boston Mutual.

#### **Important Note about Aflac Policies**

To cancel your coverage, you must also complete Aflac’s Service Request Form and return to Aflac. Please find this form under the document library of SMPbenefits.com.

I, the undersigned declare that I wish to cancel the deductions for the policies indicated on this form effective \_\_\_\_\_. **I have full knowledge of these plans and understand that by choosing to cancel payroll deductions, I may lose any coverage provided under them.** I also understand that I will not be able to re-enroll for these coverages until the next designated Voluntary Benefits Open Enrollment period.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_