

Returned Signed Form to:  
 Email: [service@oldefayettevilleinsurance.com](mailto:service@oldefayettevilleinsurance.com)  
 Fax: 910-485-6211

Forms must be returned  
 by November 8, 2024



**PAYROLL DEDUCTION CANCELLATION**  
**YEAR: January 1, 2025 – December 31, 2025**

Employee Name: \_\_\_\_\_ (Print Only)

Phone: \_\_\_\_\_

**ALERT: Do not check a benefit if you are simply changing coverage. Only check if you wish to CANCEL the policy.**

I REQUEST TO STOP THE PAYROLL DEDUCTION ON THE FOLLOWING BENEFITS EFFECTIVE 01/01/2025		Employee Initial
<input type="checkbox"/>	Dental *Note there is a 2-year waiting period to re-enroll when coverage is cancelled	
<input type="checkbox"/>	Vision *Note there is a 2-year waiting period to re-enroll when coverage is cancelled	
<input type="checkbox"/>	Short Term Disability *Note there is a 2-year waiting period to re-enroll when coverage is cancelled	
<input type="checkbox"/>	Allstate Cancer	
<input type="checkbox"/>	Trustmark Accident	
<input type="checkbox"/>	Trustmark Critical HealthEvents	
<input type="checkbox"/>	Trustmark Hospital StayPay	
<input type="checkbox"/>	Trustmark Universal Life	
<input type="checkbox"/>	Dearborn Group Term Life	
<input type="checkbox"/>	Dearborn Dependent Term Life	

**I understand that this form alone does not cancel my coverage. If the benefit is not waived during open enrollment either by self-enrollment in Employee Navigator or by speaking with a benefits counselor at Olde Fayetteville Insurance, the above benefits will rollover to the 2025 benefit year.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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