

CAJON VALLEY UNION SCHOOL DISTRICT
CANCELLATION NOTICE OF MISCELLANEOUS PAYROLL DEDUCTION

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is mandatory pursuant to the authority of the Cajon Valley Union School District under Article IX, Sec. 9 of the California Constitution. This record-keeping system was established prior to January 1, 1975. The Social Security number is used to verify your identity. The Cajon Valley Union School District will not disclose a recipient's Social Security number without the consent of the recipient, except as mandated by law.

Name: _____ Social Security #: _____

NOTE: This form cannot be used to cancel medical and dental insurance, or Flex125 spending and TSA 403(b) accounts. You must submit a plan-specific application to cancel these plans.

Cancel the following benefits effective _____	
<input type="checkbox"/> Ed Foundation	<input type="checkbox"/> FBC Hyatt Legal
<input type="checkbox"/> FBC Hartford Life	<input type="checkbox"/> United Way
<input type="checkbox"/> Long-Term Care (UNUM)	<input type="checkbox"/> Other _____ (Please specify vendor name)

Changes to your health, dental, vision and Flex125 plans, are not permitted outside of the open enrollment period unless one of the following events occurs AND you submit the necessary paperwork within 31 days of the qualifying event:

- Change in legal marital status (marriage, divorce, legal separation, annulment, death of spouse)
- Change in dependent status (birth, adoption, placement for adoption, child's marriage, reaching the age limit for coverage, death of dependent child, court order, judgement, decree)
- Change in work status where plan eligibility is affected (New hire, increase/decrease of employment with loss of coverage)
- Other coverage on different plan year
- Change in residence (move into out of network area)
- Entitlement to Government Program (Medicare/Medicaid coverage or loss of coverage)

Signature _____ Date _____