



Cotton States Life Insurance Company
 Administrative Offices: 17 Church Street, P.O. Box 506
 Keene, New Hampshire 03431-0506
 1-800-635-4467 or (603) 357-1450

**PAYROLL DEDUCTION PLAN
 NOTIFICATION OF TERMINATION/CANCELLATION**

EMPLOYEE INFORMATION		
EMPLOYER: _____		
NAME: _____		
SOCIAL SECURITY NUMBER: _____		
MAILING ADDRESS: _____		
CITY: _____	STATE: _____	ZIPCODE: _____

Is this a new address? Yes No

Policy Number(s) to which change applies:

Cancel only the policy(ies) shown above as well as my payroll deductions for them. (A Customer Service Representative will contact me if further requirements are necessary to process this request.)

I have terminated employment/requested a leave of absence. Please bill me at the address indicated. I understand that I will be billed quarterly unless a different payment method is requested.

Cancel only my payroll deduction(s). I wish to be billed at the address indicated. I understand that I will be billed quarterly unless a different payment method is requested.

Employee Signature: _____ Date: _____