

CITY OF DALLAS

SHORT TERM DISABILITY CANCELLATION/CHANGE FORM

(This form is valid only for payroll deducted Short Term Disability insurance. For any other voluntary benefits contact the insurance carrier directly. Refer to your 2005 Enrollment Guide, p. 68 for contact information.)

Please PRINT all information

Employee Name

Insured's name if other than Employee

Employee Social Security #

Employee Number if other than SS#

Street Address

City

State

Zip Code

Home Telephone Number

Policy Number(s), If Known

Employee Name Change

Former Name _____

New Name _____

Date of Change _____

Employee Change of Address

Old Address _____ New Address _____

Old Phone _____ New Phone _____

EFFECTIVE DATE OF CHANGE: _____

PLEASE CANCEL COVERAGES AS REQUESTED FOR:

Trustmark - Individual Short Term Disability

Employee

EMPLOYEE SIGNATURE

PRINTED NAME

DATE

Please return completed form by fax or mail to:

**NATIONAL WORKSITE ADVANTAGE
1035 W. GLEN OAKS LANE
SUITE 200
MEQUON, WI. 53092
FAX: (262) 404-0000
Phone: (262) 404-1003 or 800-514-3446**