



town of

LONGMEADOW, MASSACHUSETTS

735 Longmeadow Street, Suite 102 01106

phone: 413-565-4128
fax: 413-565-4372

ERICA GELINAS *Human Resource Manager*
DIANA MORROW *Assistant Human Resource Manager*



To Whom It May Concern:

I, _____, wish to cancel my
(Name)

Boston Mutual Life Insurance (select below):

\$2,000 Basic Life & AD&D (if still under 75)

\$ _____ Voluntary Life & AD&D for myself

\$ _____ Voluntary Life & AD&D for my Spouse _____
(NAME OF SPOUSE COVERED)

\$ _____ Dependent Life Coverage

OR

ALL OF MY COVERAGE

Effective _____.
(Date)

(Signature)

(Print Name)

(Social Security Number)

(Today's Date)

Please return completed form to Town of Longmeadow HR office