



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
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CANCELLATION/REDUCTION IN COVERAGE

SOCIAL SECURITY NUMBER: DATE OF BIRTH:

NAME: Last First MI

ADDRESS: Mailing Address City/Town State ZIP Code

EMPLOYER: EMPLOYER CODE:

Please cancel **BASIC GROUP LIFE INSURANCE** thereby canceling all coverage.

SUPPLEMENTAL GROUP LIFE INSURANCE

- Please cancel all Supplemental coverage.
- Please reduce Supplemental 3 to Supplemental 2.
- Please reduce current Supplemental to Supplemental 1.

DEPENDENT GROUP LIFE INSURANCE

- Please cancel all Dependent coverage.
- Please reduce Dependent B to Dependent A.

I understand that if I wish to reinstate any coverage I have cancelled or reduced, I must furnish, at my own expense, Evidence of Insurability satisfactory to the Maine Public Employees Retirement System.

I also understand my coverage will cease or be reduced at the end of the month in which notice is received by my employer.

Employee Signature: _____ Date: _____

**INSTRUCTIONS FOR
CANCELLATION/REDUCTION IN COVERAGE**
(Form # GI-0881)

Please type or clearly print (in ink) all of the following information in a legible manner.

- **Social Security Number:** Enter the employee's nine digit Social Security Number.
- **Date of Birth:** Enter the employee's date of birth in the following format: two-digit month - two-digit day - four-digit year.
- **Name:** Enter the employee's full name. (Last name, first name, middle initial)
- **Address:** Enter the employee's complete mailing address.
- **Employer:** Enter the employer's name (Example: Department of Labor, Augusta School Department, or City of Bangor).
- **Employer Code:** Enter the employer code.
- **Supplemental Group Life Insurance:** Check the box that applies to the employee's cancellation or reduction in coverage in supplemental coverage.
- **Dependent Group Life Insurance:** Check the box that applies to the employee's cancellation or reduction in dependent coverage.
- **Employee Signature:** This line is for the employee's signature.
- **Date:** Enter the date the form was completed and signed.