



Human Resources Department  
P. O. Box 4180  
2006 Tower Drive  
Monroe, LA 71201

I wish to cancel the insurance deductions listed below. I understand that if the insurance deduction listed is under the cafeteria plan, I may not be eligible to cancel.

<b>DEDUCTION</b>	<b>AMOUNT</b>

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**LOCATION**

\_\_\_\_\_  
**DATE**