



# NOTICE OF CHANGE TO VOLUNTARY PAYROLL DEDUCTIONS

All changes to voluntary payroll deductions must be made in writing and signed for the changes to take effect. Please complete and return this form to Human Resources. Changes may take up to 45 days to begin.

Date: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## I. Benefits Payroll Change – Completed by employee

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Please cancel the following voluntary payroll deduction(s):

Coverage Plan/Level	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
BCBS PPO				
BCBS HMO				
Dental PPO (MetLife)				
Dental HMO (Guardian) Dearborn (Supplemental Life Insurance)				
Vision (EyeMed)				
*AFLAC				
*Legal Shield				

\*Please note: You are responsible for notifying your non-medical carriers of your changes in addition to completing this form.