



**Prince George's County Public Schools  
Request to Cancel MetLife Optional Life and Disability Insurance Benefit Elections**

Employee's Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Last 4-digits SSN: \_\_\_\_\_

**Who should file this request:**

Employees who wish to cancel their optional life and disability insurance benefit elections.

**When should you file this request:**

You may request to cancel any of the optional life plan options at anytime. Coverage will be cancel at the end of the month in which we receive the completed form.

**When you may re-enroll:**

You may re-enroll into any of these plans during the next enrollment period with the completion of the Evidence of Insurability application and approval from MetLife Insurance Company.

Plans
Employee Optional Life (If you elect to cancel the Employee Optional life and are enrolled in the Spouse and/or Child life plans your Spouse and/or Child Life plans will be automatically cancelled.) <input type="checkbox"/> Cancel
Dependent Spouse Life <input type="checkbox"/> Cancel
Dependent Child Life <input type="checkbox"/> Cancel
Long Term Disability <input type="checkbox"/> Cancel

**I CERTIFY** that I understand that my coverage will be terminated at the end of the month that I have submitted my request to cancel coverage. I understand that I may re-enroll into any of the above plans during the next enrollment period and that I will be required to complete the application for Evidence of Insurability.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

Return Completed form to: Prince George's County Public Schools, Benefits Office, Room 132, 14201 School Lane, Upper Marlboro, MD 20772.