



Human Resources-Benefits
 P. O. Box 3982
 Atlanta, GA 30302-3982

Physical Address:
 1 Park Place So., Suite 330
 Atlanta, GA

(404) 651-3324
 FAX (404) 651-2073

Disability Insurance Cancellation Form

Last Name, First, Middle Initial		
Panther ID #	Email	Campus Phone ext.

Cancel my Short Term Disability Coverage	Yes	No
Cancel my Long Term Disability Coverage	Yes	No

Request to cancel coverage will be effective on the last day of the month this form is signed.

You are hereby requested to terminate my group Short and/or Long Term Disability Insurance issued by the Prudential Insurance Company.

Employee Signature _____ Date _____

HR USE	
Paycode: _____	
Payroll Process Date: _____	
By: _____	Date: _____