

Wayne County Board Of Education

P. O. BOX 658

WAYNESBORO, TENNESSEE 38485

MARLON DAVIS
Superintendent

BARRY HANBACK
Chairman

Request to Cancel Insurance Form

**{Dental, Disability, Life, Cancer, Annuity etc...}*

To Whom It May Concern,

I _____ would like to cancel my
_____ policy/policies that I have through the Wayne County
Board of Education. Beginning with the effective date of: _____

Thank you,

Signature _____ Date _____

**Health Insurance cannot be canceled with this form. There are only certain conditions that allow cancellation of health insurance at any time. See Annette Beck for this information.*