Commonwealth of Massachusetts
DISCONTINUATION OF AUTHORIZATION FOR PAYROLL DEDUCTION

INSTRUCTIONS:
Employees should complete this form and submit it to their department's payroll unit.

Agency/Department			
Bargaining Unit			
Employee Name			
First	Last		Middle Initial
Employee ID			
Address			
Street	City	Zip	State
Phone Number			
Company			
Please discontinue my payroll deduction for		As of this date	
Since the Commonwealth cannot notify the Company of individual insurance decisions, I understand that it is my responsibility to contact my Company, named above, within 60 days, to: cancel my coverage, set up an alternative payment mechanism, or replace an existing policy with another.			
Employee Signature		Date	

Submit this form to your department's payroll unit.