



**NATOMAS CHARTER SCHOOL**  
4600 BLACKROCK DRIVE  
SACRAMENTO, CA 95835

## **INSURANCE CANCELLATION FORM**

*If you wish to cancel your insurance for **any** group, please complete the form below and return it to the Business Office **before the 10<sup>th</sup> of the month** to be effective the **1<sup>st</sup>** of the following month.*

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DATE: \_\_\_\_\_

PLEASE CANCEL MY INSURANCE WITH: \_\_\_\_\_  
(Name of Company)

AS OF: \_\_\_\_\_  
(Date)

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_  
(Print Name Please)

SIGNATURE: \_\_\_\_\_