

LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 Spanos Court
Sacramento, CA 95825
(916) 568-3070

Medical Insurance Cancellation Request for Adjunct Faculty
Certificated Employees

Please cancel my enrollment in the following medical plan:

Name of Medical Plan

I understand that I will be ineligible to re-enroll in a District medical plan until March 1 or September 1 following eighteen (18) months from the last day of the month in which my coverage is terminating.

Coverage will be terminated on the first day of the month following receipt of this form by the Employee Benefits Department.

Name _____

Signature _____

Date _____

Employee ID# _____

Effective Date of Cancellation