

# JOB INSURANCE CANCELLATION

To: BR & CF  
2150 Linglestown Road  
Harrisburg PA 17110

Effective \_\_\_\_\_, I hereby request to **cancel** my job insurance.  
(Date)

Policy Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Employee Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

RR Division: \_\_\_\_\_ Union Local / Division #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_