

JOB INSURANCE CANCELLATION

To: LE&CMPA
4000 Town Center, Suite 1250
Southfield MI 48075

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: _____