

**WINSTON COUNTY BOARD OF EDUCATION**

**P. O. BOX 9**

**DOUBLE SPRINGS, AL 35553**

TO; PAYROLL OFFICER

PLEASE CANCEL DEDUCTIONS FOR THE FOLLOWING \_\_\_\_\_

INSURANCE PRODUCTS:

\_\_\_\_\_ DISABILITY INCOME INSURANCE

\_\_\_\_\_ SUPPLEMENTAL LIFE INSURANCE

\_\_\_\_\_ VOLUNTARY ACCIDENT & DISMEMBERMENT INSURANCE

\_\_\_\_\_ OTHER

\_\_\_\_\_ TOTAL DEDUCTION

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
EMPLOYEE SOCIAL SECURITY #

\_\_\_\_\_  
PRINT NAME

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