

**FAIRFIELD PUBLIC SCHOOLS**  
**501 King's Highway**  
**Fairfield, CT 06825**

**REQUEST FORM TO TERMINATE INSURANCE COVERAGE**

In order to remove you or your dependents from insurance coverage, you must fill out and return this form to the Fairfield Public Schools Insurance Department.

INSURED'S NAME: \_\_\_\_\_ CUSTOMER #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAMES OF MEMBERS TO TERMINATE:	MEDICAL/ PRESCRIPTION	DENTAL	DATE OF TERMINATION*
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

***\*Termination date is always the last day of the month. Terminations must not be retroactive.***

**REASON FOR TERMINATION:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE