



town of

# LONGMEADOW, MASSACHUSETTS

735 Longmeadow Street, Suite 102 01106

phone: 413-565-4128  
fax: 413-565-4372

ERICA GELINAS Human Resource Manager  
ASHLEY BARD Assistant Human Resource Manager



To Whom It May Concern:

I, \_\_\_\_\_, wish to cancel my  
(Name)

Boston Mutual Life Insurance (select below):

\$2,000 Basic Life & AD&D (if still under 75)

\$\_\_\_\_\_ Voluntary Life & AD&D for myself

\$\_\_\_\_\_ Voluntary Life & AD&D for my Spouse \_\_\_\_\_

(NAME OF SPOUSE COVERED)

\$10,000 Dependent Life Coverage

**OR**

ALL OF MY COVERAGE

Effective \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Today's Date)

**Please return completed form to Town of Longmeadow HR office**