CITY OF MINNEAPOLIS
CANCELLATION REQUEST
ING Premier Short Term Disability Insurance

Employee Name:_____
(Pleas print)

Employee ID Number:_____

I wish to cancel my ING Premier Short Term Disability insurance policy, as well as the payroll premium deduction that is taken through my employer.

Signed this _____day of _____20____.

_____
EMPLOYEE'S SIGNATURE

Mail completed cancellation form to City of Minneapolis, Benefits Office, Room 100 250 South Fourth Street, Minneapolis, MN 55415

or

Fax completed cancellation form to City of Minneapolis Benefits at 612-673-2533.

Some of the requested information on this form is private data under the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. The data requested allows Benefit staff to verify eligibility and enroll, change, or cancel your voluntary short-term disability insurance coverage. The data also allows plan provider(s) the ability to establish a record for you regarding this insurance plan. You are not required to provide this information, however, failure to do so may result in the ineligibility, or non-cancellation of your short-term disability insurance plan, This form may be available to City and plan provider employees or agents, labor union representatives, arbitrators and administrative hearing examiners, State and Federal courts, and attorneys representing any of the mentioned individuals ore entities, or to others through a subpoena or pursuant to Federal and State Law.