



**DORI A. VECCHIO**  
Director

# **CITY OF WORCESTER**

## **HUMAN RESOURCES DEPARTMENT**

455 Main Street, Room 109  
Worcester, Massachusetts 01608  
Phone: (508) 799-1030 Fax: (508) 799-1040

To The Benefits Office:

**Effective July 1, 2020, I would like to make the following changes:**

- CANCEL my Basic Life Insurance policy through UNUM \_\_\_\_\_
- CANCEL my Optional Life Insurance policy through UNUM \_\_\_\_\_
- DECREASE my Optional Life Insurance policy through UNUM to \$\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Social Security Number