

Please print clearly in black ink.

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## Section 1: Pension Information

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Telephone Number SSN

### Cancellation of Group Life Insurance

Cancel my group life insurance (state retirees only)

### Cancellation of Other Deduction(s)

Credit Union

Union Dues

AFLAC

SECA

Other, please indicate: \_\_\_\_\_

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## Section 2: Request for Date Effective and Signature

Please make this cancellation effective: \_\_\_\_\_

**Note:** ERSRI must receive this form by the **15th** of the month to be effective the following month.

\_\_\_\_\_  
Member Signature Date of Signature (mm/dd/yyyy)

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Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

### Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor  
Warwick, RI 02886-1021

**Office:** (401) 462-7600 | **Fax:** (401) 462-7691

**Email:** [ersri@ersri.org](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)