



MISCELLANEOUS BENEFITS CANCELLATION REQUEST

Print Employee Name

Employee Number

I request to cancel the benefit(s) indicated below and stop payroll deduction(s) effective: _____.

_____	CARE SHARE
_____	HEART (SGMC FOUNDATION)
_____	YMCA
_____	BODYWORKS FAMILY FITNESS (30 Day Cancellation Policy)

Employee Signature

Date

*All other Post-Tax Employee Benefits can be cancelled or changed by visiting <https://my.adp.com>.
Fidelity 401k or Health Savings Account contributions can be cancelled or changed by visiting www.netbenefits.com.
Pre-Tax Benefits can only be changed within 30 days of a Qualifying Life Event. Please visit <https://my.adp.com>.*

Please deliver form to Human Resources or fax to 229-259-4711 (x4711).