CI-0511-1222

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — AUDIT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

NOTICE OF WITHDRAWAL FROM CONTRIBUTORY GROUP LIFE INSURANCE (PERS)

Name _____
First *MI* *Last*

_____ _____
Social Security Number *Membership Number*

I, the undersigned member, hereby give notice of withdrawal from the Contributory portion of the Group Insurance Plan underwritten by THE PRUDENTIAL INSURANCE COMPANY OF AMERICA. I understand I can not withdraw during the first year (12 months) of membership.

Such withdrawal is to be effective at the end of the pay period/month ending on _____/_____/_____
Date

I hereby request my employer _____
Name of Employing Agency

to discontinue payroll deductions for the insurance.

It is understood that by the execution of this *Notice of Withdrawal from Contributory Life Insurance,* I forfeit my rights to coverage under the contributory portion of the Group Insurance Plan at any future time.

_____ _____/_____/_____
Signature of Member *Date*

I certify that the member has requested to withdraw from the contributory portion of the Group Life Insurance Plan on the date stated above.

_____ _____
Employing Agency *County of*

_____ _____
Location Number *Employee Membership Number*

_____ _____/_____/_____
Signature of Certifying Agent *Date*