

GREAT NECK PUBLIC SCHOOLS  
INTEROFFICE COMMUNICATION

**TO:** Payroll Department  
Phipps Administration Building

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBJECT:** Aflac Program – Request for Cancellation of Policy

I would like to cancel the following policy/policies that I am enrolled in through Aflac: \_\_\_\_\_  
\_\_\_\_\_.

Please stop deducting the premiums from my paycheck. I understand that this will be effective January 1, 2025.

Signed \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School Phone Number

***THIS ORIGINAL, SIGNED FORM MUST BE RECEIVED  
BY THE PAYROLL OFFICE BY NOVEMBER 30, 2024***