

# TRI-STATE JOINT FUND

Executive Director  
203-250-2604

Claims Administrator  
203-250-2606

Fax  
203-250-1232



609 West Johnson Avenue, 2nd Floor, Cheshire, CT 06410

Accounting  
203-250-2602

Information Technology  
203-250-2603

Retiree Benefits  
203-250-2601  
800-292-8340

## CANCELLATION FORM FOR PLAN SR

Member Name \_\_\_\_\_ Local \_\_\_\_\_

Spouse Name \_\_\_\_\_ Member TSJ \_\_\_\_\_

Address \_\_\_\_\_ Spouse TSJ \_\_\_\_\_

Check the box below for the participant(s) you would like to cancel Plan SR health insurance for:

- Member Only
- Spouse Only
- Dependent Only – indicate name of dependent to be canceled \_\_\_\_\_
- All Participants

Indicate the date you wish the cancellation to become effective:

\_\_\_\_\_

**MEMBER'S SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

**Please complete and return this form as soon as possible.**