



## DENTAL/VISION INSURANCE ELECTION FORM

\_\_\_\_\_ I wish to enroll in the dental/vision plan from IAFF Local 1784  
(Please sign this form and fill out the enclosed enrollment form and payroll deduction form)

\_\_\_\_\_ I wish to cancel or de-enroll from the dental/vision plan from IAFF Local 1784  
(Please sign this form and fill out the enclosed CANCEL form)

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*\*CANCEL DEDUCTIONS\*\*\*\*\***

**Memphis Fire Fighters Association, IAFF Local 1784**

I, the undersigned, hereby wish to cancel the following deductions effective immediately. I understand that by canceling said deductions, I lose coverage(s) associated with the deductions. I understand that it may take up to thirty (30) days for these deductions to take effect.

**Please Print**

**Name** \_\_\_\_\_  
Last First Middle Initial

**Address** \_\_\_\_\_  
Number/Street City Zip Telephone

Dept. – Fire Division 13 (or Fire Retiree)

**Employee ID #** (SSN# for Retirees) \_\_\_\_\_

**All Amounts Listed Are Per Pay Period**

(Please fill in the amounts in order to **CANCEL**)

**A. Union Dues** ..... \$ \_\_\_\_\_

**B. Dental Insurance**

Employee Only..... \$ \_\_\_\_\_

Employee + 1..... \$ \_\_\_\_\_

Family..... \$ \_\_\_\_\_

**C. Optional Life Insurance (NCPERS)**..... \$ \_\_\_\_\_

**D. Optional Life Insurance (Hartford \$20,000 voluntary life)** .....\$ \_\_\_\_\_

Optional Life Insurance (Hartford \$50,000 voluntary life) ..... \$ \_\_\_\_\_

**E. Optional Life Insurance (Hartford Spousal Life)** ..... \$ \_\_\_\_\_

**F. Optional Life Insurance (Hartford Child Life)** ..... \$ \_\_\_\_\_

**G. Fire Charity** ..... \$ \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_