

West Virginia University Shared Services– Workforce Administration
PO Box 6700 • One Waterfront Place • Morgantown, WV 26506 • Phone: (304) 293-6006

**AIG ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
CANCELLATION FORM**

Please Print:

Employee Name: Last, First MI		Employee Number #
Home Phone Number:	Work Phone:	Email:

Please cancel my participation under the West Virginia University Group Accidental Death and Dismemberment Insurance policy underwritten by American International Group. I understand that coverage will end the month following the month this form is received by WVU Shared Services.

Employee Signature: _____ Date: _____

Shared Services Use Only

Accepted on behalf of Employer by: _____ Date: _____

For Shared Services Use:

Final Deduction: Month _____ Pay Period _____ Year _____