saif corporation

400 High St. SE, Salem, OR 97312
P: 1.800.285.8525
F: 503.373.8020

CANCELLATION OF ELECTION FOR COVERAGE AS A WORKER

_____ , 20____

Please cancel the personal election for _____
to be covered as a worker.

Reason (Please check one):

☐ Ceased to be a corporate officer or non-subject partner.
(Effective date: _____)
MONTH DAY YEAR

☐ Personal coverage no longer desired. (Cancellation will be made effective when the request is received by SAIF unless a future date is requested.)
(Effective date: _____)
MONTH DAY YEAR

Name of Business: _____

SAIF Policy No.: _____

Address: _____

City/State: _____ Zip: _____

NOTE: Please sign as follows: If individual employer, by the employer; if partnership, by a member of the partnership; if LLC, by a member; if corporation, by an officer of the corporation authorized to act. If you have any questions, please contact your nearest SAIF office.

By: _____

Title: _____