

400 High St. SE, Salem, OR 97312

P: 1.800.285.8525

F: 503.373.8000

CANCELLATION OF ELECTION FOR COVERAGE AS A WORKER

, 20				
Please cancel the pers to be covered as a wor		on for		
Reason (Please chec	k one):			
	•		-subject partner.	1
,	MONTH	DAY	YEAR	—,
request is recei	ved by SAIF	unless a fut	Cancellation will be ure date is requesto	
Name of business: _				
SAIF policy no.:				
Address: _				
City/State: _				Zip:
NOTE: Please sign as follows employer; if partnership, by a if LLC, by a member; if corporation authorized to acplease contact your nearest S	a member of the poration, by ar t. If you have	he partnership; n officer of the	,	