

# The School District of Escambia County

Payroll and Benefits Accounting Department  
75 North Pace Blvd  
Pensacola, Florida 32505

## Payroll Deduction Cancellation Form

Name (Last, First, Middle Initial)	Social Security Number (last four digits only) XXX - XX -
School/Department	Check One <input type="checkbox"/> Monthly Pay <input type="checkbox"/> Bi-Weekly Pay

Please cancel my payroll deduction for the following checked items:

- Pen (Professional Educators Network)
- First Financial Administrators
- Foundation for Excellence
- Florida Association of School Administrators (FASA)
- United Way

### **You cannot use this form to cancel Union Dues**

**You must go to the Risk Management Department to cancel the following deductions:**

Group Life Insurance (Additional and AD&D)	Transamerica Permanent Life Insurance
Dependent Life Insurance	AFLAC (Critical Illness, Accident, Hospital Confinement)
Health Insurance	Identity Theft Protection
Health Savings Account	MetLife Legal Plan
Dental Insurance	Tax Sheltered Annuity (403b Plan)
Vision Care	Deferred Compensation (457 Plan)
Flexible Spending Account (Medical or Dependent Care)	
Short or Long Term Disability Insurance	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Return completed Deduction Cancellation Form to the Payroll and Benefits Accounting Department. FAX to 469-6353. If you have questions call 469-6197 or 469-6199

Payroll Department Use Only:	
Date Entered in SKYWARD	Initials