



University of Louisiana Monroe

Department of Human Resources
700 University Ave | Coenen Hall
Monroe, LA 71209

Cancellation Form

9-MONTH EMPLOYEES CANCELLATION

- ☐ Faculty/Staff Member
☐ Faculty/Staff and Spouse

12-MONTH EMPLOYEES CANCELLATION

- ☐ Faculty/Staff Me
☐ Faculty/Staff and Spouse

I understand my submission of this form is a request to terminate Cor Medical benefits for self or self/spouse.

THE FOLLOWING INFORMATION MUST BE PRINTED OR TYPED

Employee name: _____ Date of birth: _____

Department: _____ ULM e-mail: _____

Phone: _____ Campus-wide ID: _____

Spouse name: _____ Spouse date of birth: _____

Employee signature: _____

HUMAN RESOURCE USE ONLY:

Date to payroll: _____

Date to Cor Medical: _____