



Canceling Optional Life Insurance Coverage

You may cancel your optional life insurance coverage in the VRS Minnesota Life plan (for VRS and ERFC members) or the FCPS Minnesota Life plan (for FCERS members) at anytime by completing the following form.

Please **PRINT**

► Your Information	
_____	■ _____
Employee's name (last, first, middle initial)	Social Security number *
My signature indicates that I wish to cancel: (check only one box)	
<input type="checkbox"/> Optional FCPS County Life Insurance (FCERS members)	
<input type="checkbox"/> Optional Group Life Insurance (VRS and ERFC members)—You must also complete form <i>VRS-39a</i> .	
_____	_____
Employee's signature	Date

Submit this signed form and the VRS-39a form (if applicable), which is available at www.varetire.gov, to the Office of Benefit Services, Department of Human Resources, 8115 Gatehouse Road, Falls Church, VA 22042.

* Providing your Social Security number (SSN) is optional. Failure to provide it may result in processing delays or errors, but will not result in a denial of benefits. The full text of the FCPS SSN privacy notice can be found at www.fcps.k12.va.us/DHR/applicants/disclosures.htm.