

Wage Continuation Cancellation Form

Employee Information
Employee Name:
Employee Identification Number (EIN):
Last four digits of Employee's Social Security Number:
Day time phone number:

I am requesting my Wage Continuation coverage to be canceled.

- Cancellations requested during Open Enrollment must be submitted May 1 through May 31 for a July 1 effective date.
- Wage Continuation contributions are non-refundable for any reason.
- The last Wage Continuation payroll deduction will be in the June 23, 2023 pay.
- Forms can be returned to benefits@philasd.org or by fax to 215-400-4631. If sending by fax, please call 215-400-4630 to confirm receipt.

I also understand that if I wish to participate in this program in the future, I must submit an application during the Open Enrollment period, held during the month of May of each year.

Employee Signature: _____ Date: _____