HEALTH INSURANCE SUBSIDY PROGRAM FOR
RETIRED LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS

Employee Withdrawal Form

NAME _____Male___Female___SSN _____ - _____ - _____
(Please Print Clearly)

ADDRESS _____ DATE OF BIRTH _____ / _____ / _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER NAME _____ DATE OF HIRE _____ /_____ / _____

Firefighter _____ Law Enforcement _____ Total Years of Service _____

Position Title _____ Work Phone _____ Cell _____

_____ **I wish to withdraw** from the Health Insurance Subsidy Program for Retired Law Enforcement Officers and Firefighters. By electing to withdraw and by signing below, I authorize my employer to **stop** the payroll deduction for the Retired Law Enforcement and Officers and Firefighters health insurance subsidy program.

By signing below, I understand that I am forfeiting all my rights and contributions I have made to the Health Insurance Subsidy Program. I also understand that I am not eligible to re-enroll under this employer at a later date for the Health Insurance Subsidy Program.

Employee Signature _____ Date ____ / ____ / ____

Please return your completed application to your employer

Employer: **PLEASE COMPLETE**

Date deductions stopped _____ Frequency of deductions: Weekly ____ Biweekly ____ Monthly ____

Authorization (HR personnel) _____ Phone: _____

Employer, please return form to: FF-LEO - State of Maine, 61 State House Station, and Augusta, Maine 04333.