



Retired County & Municipal Law Enforcement Officers & Municipal Firefighters Health Insurance Program

Employee Withdrawal Form

NAME _____ 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 Retired County & Municipal Law Enforcement Officers & Municipal Firefighters Health Insurance Program. By electing to withdraw and by signing below, I authorize my employer to **stop** the payroll deduction for the Retired County & Municipal Law Enforcement Officers & Municipal Firefighters Health Insurance Program.

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

Employee Signature _____ **Date** ____ / ____ / ____

Please return your completed application to your employer

Employer Portion: Please Complete.

Date deductions stopped _____ Frequency of deductions: Weekly Biweekly Monthly

Authorization (HR personnel) _____ Phone: _____

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