



400 High St. SE, Salem, OR 97312

P: 1.800.285.8525

F: 503.373.8020

### CANCELLATION OF ELECTION FOR COVERAGE AS A WORKER

\_\_\_\_\_, 20\_\_\_\_

Please cancel the personal election for \_\_\_\_\_  
to be covered as a worker.

**Reason** (Please check one):

Ceased to be a corporate officer or non-subject partner.  
(Effective date: \_\_\_\_\_ )  
MONTH DAY YEAR

Personal coverage no longer desired. (Cancellation will be made effective when the  
request is received by SAIF unless a future date is requested.)  
(Effective date: \_\_\_\_\_ )  
MONTH DAY YEAR

Name of Business: \_\_\_\_\_

SAIF Policy No.: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE:** Please sign as follows: If individual employer, by the employer; if partnership, by a member of the partnership; if LLC, by a member; if corporation, by an officer of the corporation authorized to act. If you have any questions, please contact your nearest SAIF office.

By: \_\_\_\_\_

Title: \_\_\_\_\_