



California State University, Long Beach
Office of Payroll & Benefit Services

Request for Cancellation of Tax Shelter Annuity Deduction(s)

Name of Employee (please print or type): _____

Social Security Number: _____

This document is to be considered written notice for cancellation of my Salary Reduction Agreement for the company(ies) listed below:

(1) Full name of Insurance or Annuity Company:

Payroll Code: _____ Monthly Deduction Amount \$ _____

(2) Full name of Second Insurance or Annuity Company (if applicable):

Payroll Code: _____ Monthly Deduction Amount \$ _____

Effective Pay Period: _____

Employee's Signature

Date

Benefits/TSA/Cancellation Form