



The Retirement Board of the
Policemen's Annuity and Benefit Fund of Chicago

221 North LaSalle St – Suite 1626, Chicago, IL 60601
Office: (312) 744-3891 Website: www.chipabf.org

Cancellation of Premium Insurance Deduction

I, _____ would like to cancel the _____ insurance deduction
(name of pensioner/annuitant) (name of Insurance Company)

For _____ effective _____.
(name of insured) (last day of coverage)

I am revoking my authorization to the Policemen's Annuity and Benefit Fund of Chicago (PABF) to deduct premiums from my PABF Annuity for the insurance policy of the above mentioned insured. I am aware that I need to notify the company directly of the insurance cancellation, and that this notice does not serve to terminate my obligation to the insurance company.

Have you notified the insurance company directly? Yes (date) _____ No _____

Signature: _____ Date: _____
(pensioner/annuitant)

Printed Name: _____

Please note that this form must be received at the pension fund on or before the 15th of the month to take effect for the month end pension payment. You can return the form by mail to the PABF office, by fax to 312-726-3216 or by email to insurance@chipabf.org.

A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION MUST BE SUBMITTED WITH THIS FORM.

NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.