SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

Bay Area Rapid Transit — BART

Cancellation of Optional Benefits Form

Name:_____

Employee Number:_____

I wish to cancel:

☐ Optional Short-Term Disability (Part-Time Employees Only)

☐ Optional Long-Term Disability

Optional Life Insurance

Please indicate:

☐ cancel all optional life insurance coverage

or

☐ cancel some: My desired new level of coverage is ___ times my annual salary

Note: you may apply for optional life and disability insurance during the Annual Application Period (usually in August), but your application is subject to a review and approval process.

☐ Survivor Benefits Insurance

Once cancelled there is no opportunity to re-enroll in Survivor Benefits insurance.

Optional benefits will be cancelled effective the first of the month following when the form is received in the Benefits office.

Signature:_____ Date:_____

Please return to BART Benefits, 300 Lakeside Dr. 20 floor, Oakland CA 94612
By Interoffice mail to BART Benefits / LKS-20 or by fax to (510) 464-7618
Benefits phone number is (510) 464-6238

rev 9/2007