



ONE CITY. ONE JACKSONVILLE

## BAILEY'S GYM CANCELLATION FORM

This cancellation form must be completed by the employee or retiree and emailed to Employee Benefits at [benefits@coj.net](mailto:benefits@coj.net)

Cancellations must be received by the **25<sup>th</sup> of the month** to be cancelled by the 1<sup>st</sup> of the next month. Email is a receipt of cancellation and is automatically dated and time stamped once received.

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Please complete the information below and email Cancellation Form to [benefits@coj.net](mailto:benefits@coj.net)

Employee ID#: \_\_\_\_\_ Cancellation effective: \_\_\_/\_\_\_/\_\_\_\_\_ Amount: \_\_\_\_\_

Name of City Employee/Retiree: \_\_\_\_\_  
*(Full name...no nicknames)*

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Name of person(s) to be cancelled:  
(Only the person(s) specified below will be cancelled)

1. \_\_\_\_\_ \_\_\_ Employee / Retiree \_\_\_ Spouse \_\_\_ Dependent

2. \_\_\_\_\_ \_\_\_ Employee / Retiree \_\_\_ Spouse \_\_\_ Dependent

3. \_\_\_\_\_ \_\_\_ Employee / Retiree \_\_\_ Spouse \_\_\_ Dependent

4. \_\_\_\_\_ \_\_\_ Employee / Retiree \_\_\_ Spouse \_\_\_ Dependent

5. \_\_\_\_\_ \_\_\_ Employee / Retiree \_\_\_ Spouse \_\_\_ Dependent

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Signature

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Date