



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

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

Please complete the information below and email Cancellation Form to 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

Signature

_____/_____/_____
Date