

- ACADEMIC
 NON-ACADEMIC

THE UNIVERSITY OF ILLINOIS AT CHICAGO
REVOCATION OF PAYROLL DEDUCTION/REDUCTION

- HEALTH SCIENCES
 UNIVERSITY CENTER
 URBANA-CHAMPAIGN

PLEASE PRINT

Name _____
Last First Middle

Street _____ City _____

Social Security No. _____ - _____ - _____ Campus Extension _____

510 Dental Insurance

512 Personal Accident (AD&D)

519 Excess Health

592 Long-Term Disability

513 NWNL Life Insurance

56_ 403(b) Tax-Sheltered Annuity

56_ 403(b)7 Mutual Fund

I hereby request the University of Illinois to discontinue the deduction/reduction from my paycheck for the above University-sponsored program(s).

Signed _____ Date _____

VA done for p.p. _____ on _____ (date)

DA done on p.p. _____