



TOWN OF HEMPSTEAD EMPLOYEES LOCAL 880

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To: Payroll Division, Comptrollers Office, Town of Hempstead
FAX: 516 505-3785

From: CSEA Local 880, Town of Hempstead Employees

Date: _____

Re: AFLAC - Withdrawal

This is to inform you that I, _____

Social Security # (last 4 digits) _____ and assigned

to the Department of _____

hereby wish to withdraw from the AFLAC program. Please cease all automatic payroll deductions to be effective immediately.

Members Signature

Date

