



**Hudson City School District**  
**215 Harry Howard Ave**  
**Hudson, NY 12534**  
**518-828-4360 EXT. 2116**

## **CANCELLATION OF METLIFE DENTAL INSURANCE**

Print

Name \_\_\_\_\_  
Last First M

I wish to cancel my Metlife Dental Insurance issued by the Hudson City School District.

Should I wish to re-enroll I must wait till the next open enrollment period which is during the month of May with coverage beginning on July 1<sup>st</sup>. You may also be eligible if you have a qualifying event.

Signature \_\_\_\_\_

Date \_\_\_\_\_