



**2024 RETIREE LIFE DROP  
FORM  
Lee County Board of County Commissioners**

Name (Last, First, MI): \_\_\_\_\_ Last Four SS#: \_\_\_\_\_

<input type="checkbox"/> I would like to discontinue enrollment in Retiree Life benefit.
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**Retiree Acknowledgement & Signature**

**By signing below**, I understand by dropping this plan, I will not be able to reenroll in Retiree Life Insurance.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_