City of SACRAMENTO
Finance Department

REQUEST TO CANCEL PREPAID LEGALSHIELD DEDUCTIONS

This form is used by employees who want to cancel their Prepaid LegalShield coverage and paycheck deductions.

EMPLOYEE SECTION – Complete this section, sign, date the form, and email it to Payroll Technician breid@cityofsacramento.org.

First Name: _____ Last Name: _____

Employee ID (eCAPS): _____ Dept ID: _____

I am submitting this request to cancel the selected Prepaid LegalShield deductions on my paycheck.

Cancel	Plan	Indiv. Rate	Family Rate
☐	LegalShield Only	$9.48	$9.48
☐	IDShield Only	$4.23	$7.98
☐	LegalShield & IDShield	$13.70	$15.95

My signature below indicates that I understand and agree once the request is processed by Payroll it's irrevocable. If I want to enroll again, I will have to complete a new enrollment with LegalShield by contacting LegalShield Representative Cheryl Cobbin at cheryl@cherylcobbin.com.

Employee Signature: _____ **Date:** _____

FOR PAYROLL DIVISION USE ONLY

Notify Cheryl Cobbins, LegalShield Rep, via email at cheryl@cherylcobbin.com.

Processed By: _____ Date: _____

Payroll Division, Finance Department
Phone: 916-808-5495 Fax: 916-808-5444
915 I Street, 4th Floor, Sacramento, CA 95814

Form revised: 10/28/2025