



**benefits scheme for temporary workers**

**opt-out form**

first name ..... surname .....

address .....

..... post code .....

tel number ..... email .....

**I confirm I do not wish to participate in the Concept benefits scheme and hereby give notice for all benefits related to the scheme to cease.**

**Important note:**

**One week's notice is required for cancellation.**

signed ..... dated .....

payroll no. ....