

# Notification of Cancellation

---

Group Name

Group Number

Location Number

Member Name, Address & Phone

Name:

Street:

City:

State:

Zip:

Phone:

Member ID:

---

Indicate **only** those certificate numbers to which this cancellation applies:

Certificate #:	Insured's Name:	Cancellation Date:
Certificate #:	Insured's Name:	Cancellation Date:
Certificate #:	Insured's Name:	Cancellation Date:
Certificate #:	Insured's Name:	Cancellation Date:
Certificate #:	Insured's Name:	Cancellation Date:
Certificate #:	Insured's Name:	Cancellation Date:

**CANCEL ONLY THE CERTIFICATES SHOWN ABOVE**

**CANCEL ALL MY LIFETIME BENEFIT TERM CERTIFICATES**

---

Employee Signature

Date

Spouse Signature For Community Property State

Date

**SPOUSE MUST SIGN CANCELLATION FORM IF RESIDENT OF COMMUNITY  
PROPERTY STATE: AZ; CA; ID; LA; NV; NM; TX; WA; WI**