NOTIFICATION OF CANCELLATION

CHUBB®

Administrative Office:
PO Box 506
Keene NH 03431-0506
Fax: (603) 357-4532

Employer Group Name

EMPLOYEE NAME, ADDRESS & PHONE		
Name		
Street		
City	State	Zip Code
Phone		
Employee SSN: (Minimum Last 4)		

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

Certificate #'s	Insured's Name

☐ **CANCEL ONLY THE CERTIFICATES SHOWN AT LEFT**

☐ **CANCEL ALL MY LIFETIME BENEFIT TERM CERTIFICATES**

Employee Signature _____ Date _____

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

Spouse Signature _____ Date _____