

Please check only the boxes that apply to the service you are requesting.

(Please contact your Plan Administrator to start payroll deduction.)

Employer: _____ Billing control/account number: _____

Section 5 – Cancellation, Surrender or Policy/Certificate Change (also complete section 8 for surrender's only)

Cancel/surrender the policy(ies)/certificate(s) (This option will cancel or cash surrender your policy(ies)/certificate(s).)

Cancel the following riders on the
policy(ies)/certificate(s):

(This option will cancel policy/certificate riders only.)

Spouse Rider

Dependent Rider (This will cancel coverage for ALL dependents.) List date of birth of youngest dependent:

(MM/DD/YYYY) _____

Other (name rider)

Change Two-Parent to Individual **Change Two-Parent to One-Parent** **Change One-Parent to Individual** **Spouse/Dependent Continuation**

Provide name, date of birth (DOB) and Social Security number (SSN) for spouse/dependent(s) continuation. If more space is needed, please provide the information in Section 9.

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

