

Complete all sections and check all box(es) that apply. Return completed form to the address above.

MEMBER INFORMATION

| | | |
|---|-------------------------------|-------------|
| Your Name (Last, First, Middle) | Banner I.D. No. | |
| Group Name University of New Mexico | Group Number 649112 | Division ID |

TERMINATION

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|---|
| <p>Please terminate my contributory group insurance coverage on the last day of _____ / _____. Please do not deduct any further premiums that would extend the discontinued group insurance coverage beyond that date.</p> <p>Life Insurance</p> <p><input type="checkbox"/> Voluntary Life</p> <p><input type="checkbox"/> Basic Life Insurance</p> |
|---|

SIGNATURE

| | |
|---|------------------|
| I wish to terminate my group insurance coverage as noted above. I understand that I may be required to provide Evidence Of Insurability at my own expense to increase coverage or become insured again and that Standard Insurance Company will have the right to refuse my request. I understand that if I become insured again additional restrictions and limitations may apply. | |
| Member Signature Required | Date (Mo/Day/Yr) |