



**GROUP LONG TERM CARE
REQUEST TO DECREASE
OR CANCEL COVERAGE**

Return Form to:
Long Term Care Operations
2211 Congress Street
Portland, ME 04122

Use this form to cancel or decrease your voluntary Group Long Term Care (GLTC) insurance coverage amount.

SECTION 1: INSURED INFORMATION SECTION (Complete all fields)

Policy or BL# Div#

Group Policyholder Name: _____
Street City State/Zip

Group Policyholder Address: _____
Street City State/Zip

Insured Name: _____

Insured's Mailing Address: _____

Social Security Number: - -

Relationship to Employee (if applicable): _____

Email Address: _____ Daytime Telephone Number _____

**SECTION 2: CANCEL or DECREASE COVERAGE SECTION
(Complete all applicable fields, sign and date the form)**

Refer to your certificate of insurance or enrollment kit for coverage options and rates available to you under the group policy.

TO CANCEL coverage, complete the following:

CANCEL all Voluntary Group Long Term Care Coverage

TO DECREASE coverage complete the following (check all that apply):

Decrease my benefit amount to: _____

Decrease my benefit duration to: _____

Decrease my plan design to: _____

Decrease my coverage to the employer funded plan, if any.

Insured Signature: _____ Date: _____
MM/DD/YY

The effective date of this change will be based on your signature date and terms of your policy.

Retain a copy of this form for your records. Return completed form to the address reflected at the top of the form. Please contact Unum's Customer Service Center @ 1-800-227-4165 if you have any questions.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. Group long term care insurance is underwritten by Unum Life Insurance Company of America. In New York: underwritten by First Unum Life Insurance Company.