



Unum Request for Cancellation Form

Use this form to cancel existing Unum coverage.

This may be used during the year or for open enrollment.

Employee Name: _____ Employee #: _____

Cancel Coverage

This cancellation is for (select all needed): Myself Spouse Child(ren)

Note: If you cancel coverage for yourself, and you carry coverage for your spouse/child(ren) on the same policy, their coverage will also be cancelled. If you decide to re-apply for coverage in the future, you may be required to complete and Evidence of Insurability form.

Is this cancellation due to a divorce, death or a child reaching the age limit on your policy?

No Yes If Yes; please enter the date of that event ____/____/____

Select the policies you wish to cancel (select all if needed)



Life



Accidental Death & Dismemberment



Short Term Disability



Accident



Critical Illness & Cancer Rider



Hospital

Sign this form; you must sign and date this form to complete the cancellation process. Unless there is a date of event listed above, this cancellation will be effective the date it's signed.

Signature: _____

Date: _____

Return this form to Oak Harbor Human Resources Fax 253-288-8310 or email
benefits@oakh.com