



Voluntary Life and Group Accident Insurance Cancellation/Change

Name _____

Banner ID# _____

Social Security # _____

Phone Number _____

Effective Date: _____

I wish to cancel enrollment in the following:

- Employee voluntary life insurance _____
- Spouse/Partner voluntary life insurance _____
- Child/Children voluntary life insurance _____
- Voluntary group accident insurance _____

I wish to change my voluntary group accident insurance coverage from Family to Single.

I wish to change my voluntary group accident insurance coverage from Single to Family.

Signature _____ Date _____