



# Terminate Long Term Care Insurance

- Office Use Only -

Received by \_\_\_\_\_

Date \_\_\_\_\_

**You can cancel long term care insurance at any time. Cancellations will go into effect the first of the month after your Educational Entity receives and processes this form.**

**Submit completed form to your Educational Entity.**

## 1. Employee Information

Educational Entity			Employee ID, SSN, or E Number		
Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Contact Address	<input type="checkbox"/> Check if New Address	Apt #	City	State	Zip
Work E-mail	Personal E-mail	Work Phone	Home Phone		

## 2. Long Term Care Insurance Termination

- Employee Long Term Care Insurance
- Spouse or Domestic Partner Long Term Care Insurance

**Note:** Contact UNUM at 1-800-227-4165 if you want to cancel long term care insurance for other family members.

## 3. Member Authorization

I hereby cancel the long term care coverage specified above. I understand that if I choose to enroll in this coverage in the future I will be subject to medical evidence and possibly increased rates based on my age of future enrollment. This form supersedes any and all forms and submissions I have previously submitted for OEBB coverage.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Submit completed form to your Educational Entity. Do not mail this form to OEBB.**