



Administrative Address:
17 Church Street P.O. Box 506
Keene, NH 03431 (877) 352-3303

CANCELLATION
FORM

Employer Group Name:

EMPLOYEE NAME, ADDRESS & PHONE		
<i>Name</i>		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i> () -		
<i>EMPLOYEE SSN: (MINIMUM LAST 4)</i>		

Indicate **only** those certificate numbers to which this cancellation applies:

<i>Certificate #'s</i>	<i>Insured's Name</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CANCEL ONLY THE CERTIFICATES SHOWN AT LEFT.

CANCEL ALL MY COMBINED LBT CERTIFICATES.

Employee Signature _____ **Date** _____

SPOUSE MUST SIGN CANCELLATION FORM IF RESIDENT OF COMMUNITY PROPERTY STATE
AZ; CA; ID; LA; NV; NM; TX; WA; WI

Spouse Signature _____ **Date** _____

Combined Insurance FAX: 603-357-4532

SPECIAL NOTIFICATION OF CANCELLATION
COMBINED INSURANCE COMPANY