

NOTIFICATION OF CANCELLATION

CHUBB®

Administrative Office:
PO Box 506
Keene NH 03431-0506
Fax: (603) 357-4532

Employer Group Name

EMPLOYEE NAME, ADDRESS & PHONE

Name

Street

City State Zip Code

Phone

Employee SSN: (Minimum Last 4)

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

Certificate #'s

Insured's Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CANCEL ONLY THE CERTIFICATES SHOWN AT LEFT

CANCEL ALL MY LIFETIME BENEFIT TERM 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