

University of Louisville
SUPPLEMENTAL BENEFITS CANCELLATION FORM

Name: _____ Employee ID: _____ Social Security Number: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Check if this is an Address Change **Pay Frequency:** Monthly Biweekly

Phone Number: () _____ Email Address: _____

STEP 1: Indicate The Coverage You Wish To Cancel.	<input type="checkbox"/> Short Term Disability <input type="checkbox"/> Additional Life <input type="checkbox"/> Legal Services <input type="checkbox"/> Long Term Care
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STEP 2: Please complete the appropriate section(s) below.	
<input type="checkbox"/> Policy Cancellation	<p>I request cancellation of (check all that apply):</p> <p><input type="checkbox"/> Short Term Disability <input type="checkbox"/> Additional Life <input type="checkbox"/> Legal services <input type="checkbox"/> Long Term Care</p> <p>I authorize the University of Louisville to stop the deductions for this coverage accordingly. I understand that any premium following my cancellation request that is remitted to the provider will be refunded to me directly by the provider. I further understand that once this benefit has been cancelled I may reapply for this benefit and any other benefits offered by the provider during my employer's next supplemental benefits enrollment period. I further understand that applications taken at a future date may require me to provide proof of eligibility, in which additional underwriting may be required for policy issuance by the provider.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Insured's Signature (REQUIRED)</p>

By signing below, I represent that the statements and answers given on this application, to the best of my knowledge are true, complete and correctly recorded.

STEP 3: Required Signature	Signature: _____ Date: _____
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STEP 4: Delivery of Completed Form	Mail or deliver the completed form to: University of Louisville Human Resources ATTN: HR Help Desk 1980 Arthur Street Louisville, KY 40208-2730	For questions, please email the UofL Benefits Helpdesk at www.louisville.edu/hr/help or call (502) 852-6258 and ask to speak to an HR Helpdesk Representative.
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