



Miscellaneous Cancellation Form

Name: _____

EID: _____

Telephone #: _____

I would like to cancel my insurance/annuity with
_____ effective _____.
(pay date)

<u>Type of Policy</u>	<u>Premium</u>
Disability	\$ _____
Life	\$ _____
Tax Annuity	\$ _____

Signature _____ Date _____

Once completed, please forward this form to the Employee Benefits Office in the Hedrick building:

Employee Benefits Office
211 Friday Center Drive
Chapel Hill, NC 27517
Or
Fax (919) 966-0176

If you have any other questions please contact us at 966-2027 or via e-mail at benefits@unch.unc.edu.