

Policyholder Name: Colorado PERA
Policy Number(s): 595121

Name: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

Termination of Insurance Coverage Form

If you want to terminate coverage, sign and date this form and return to the fax number or mailing address provided below.

MEMBER LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

I want to terminate my coverage and understand that means I will not have my current amount of insurance in the event of death or accidental dismemberment. I further understand that evidence of insurability may be required if I decide to elect this coverage in the future.

(Retirees & Inactive Members: You will not be eligible to enroll once this coverage is terminated.)

SIGNATURE: _____ **DATE:** ____/____/____

This form is not valid unless signed and dated.

Return completed form to:

Fax: 207-771-4022

Email: NASATeamImageID@unum.com **OR** Unum Life Insurance Company of America
P O Box 9783
Portland, ME 04104-5083

Contact a Unum Client Service Associate at 866-277-1649 with any questions.