

**UNIVERSITY OF UTAH**  
Benefit Cancellation Request



Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

I choose to cancel my enrollment in the following plan(s):

- Accidental Death & Dismemberment Insurance** I understand that I may re-enroll at any time without providing evidence of insurability. Upon re-enrollment, coverage will become effective the first of the month following the date my completed enrollment form is submitted to the Benefits Department.
- Long Term Disability Insurance** I understand that to re-enroll, I will be required to apply and furnish evidence of insurability. My re-enrollment is not guaranteed and will be subject to approval of my application by the insurance carrier.
- Long Term Care** I understand that to re-enroll, I will be required to apply and furnish evidence of insurability. My re-enrollment is not guaranteed and will be subject to approval of my application by the insurance carrier. I understand that I must also contact CNA at (800) 528-4582 to cancel the coverage.
- Group Life Insurance** I understand that to re-enroll, I will be required to apply and furnish evidence of insurability. My re-enrollment is not guaranteed and will be subject to approval of my application by the insurance carrier.

*Check all that apply*

- Part II
- Part III
- Supplemental Group Term
- Spouse Supplemental Group Term
- Dependent Children Supplemental Group Term
- Group Universal (*I must contact Beneficial Life at (801) 531-7979 to cancel my existing policy*)

**Medical and Dental Coverage and Flexible Spending Account Enrollment** may only be changed or cancelled during open enrollment or after you experience a status change event (e.g., marriage, divorce, birth or adoption of a child). Contact the Benefits Department for information. If you experience a status change event, you must submit a Health Care Coverage Change Form or FSA Enrollment Form within 3 months of the date of the event.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The University of Utah Human Resources Division – Benefits Department  
420 Wakara Way, Suite 105, Salt Lake City, UT 84124 Phone: (801) 581-7447 ~ Fax: (801) 585-7375

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|---------------------------|-------------|-------------|--------|
| Benefits Dept. Use Only > | Entry Date: | Entered By: | QC By: |
|---------------------------|-------------|-------------|--------|