

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
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SPOUSE MUST SIGN CANCELLATION FORM IF RESIDENT OF COMMUNITY PROPERTY STATE: AZ; CA; ID; LA; NV; NM; TX; WA; WI

Spouse Signature	Date
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