



## Miscellaneous Cancellation Form

Name: \_\_\_\_\_

EID: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please forward this form to the Employee Benefits Office at Morrisville:

Employee Benefits Office  
1025 Think Place, Suite 400  
Morrisville, NC 27560  
*Or*  
Fax (984) 974-1305

If you have any other questions please contact us at 984-974-1100 or via e-mail at [benefits@unch.unc.edu](mailto:benefits@unch.unc.edu).