Name: _____________________________________

Banner ID #: ________________________________

Effective: ___________________ please cancel the insurance marked below:
   (Date)

☐ Colonial Life
☐ Colonial LTD
☐ Colonial Cancer *
☐ Colonial Cancer Level II*
☐ Colonial Cancer Level III *
☐ UNUM
☐ Mass Mutual

Signature: _________________________________

Date: ________________________________

* Colonial Cancer can only be cancelled during open enrollment in November of each year to become effective January 1st.