



MemberBenefits

**NCPERS Group Life Insurance c/o Member Benefits**  
**10739 Deerwood park Blvd, Suite 200-B**  
**Jacksonville, FL 32256**

## LIFE INSURANCE CANCELLATION FORM

Name of Policy Holder \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

I, the undersigned, hereby wish to cancel the following deductions effective immediately. I understand that by cancelling said deductions, I lose coverage for the NCPERS Group Life insurance provided by The Prudential Insurance Company of America. I understand that it may take up to thirty (30) days for these deductions to take effect.

Policy Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

\*This form can be returned via mail, email, or fax. Please see below for contact information. \*

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**10739 Deerwood park Blvd, Suite 200-B**  
**Jacksonville, FL 32256**  
**Phone: 800-525-8056**  
**Fax: 904-212-3636**  
**Email: [NCPERS@memberbenefits.com](mailto:NCPERS@memberbenefits.com)**