

**NOTIFICATION OF CANCELLATION**

**CHUBB®**

Administrative Office:  
PO Box 506  
Keene NH 03431-0506  
Fax: (603) 357-4532

<b>Employer Group Name</b>

<b>EMPLOYEE NAME, ADDRESS &amp; PHONE</b>		
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

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

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