

GEORGIA INSTITUTE OF TECHNOLOGY – UNUM SUPPLEMENTAL LIFE CANCELLATION FORM

Policy Number: 38882

Division Number: 001

NAME (LAST, FIRST, MIDDLE INITIAL)	PAY CYCLE <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIWEEKLY
SOCIAL SECURITY NUMBER	
BEST CONTACT TELEPHONE NUMBER	
DEPARTMENT	

Unum EE Optional Life

Unum Spouse/Domestic Partner Life

Unum Dependent Child Life

Decrease Coverage Amount to:
\$
\$
\$

*All changes are effective the following month unless submitted prior to the 15th of the current month.

Signature _____ **Date** _____

Witness _____ **Date** _____