

Lincoln Financial Group - Voluntary Long Term Disability

Group LTD Insurance Cancellation Form

The University of Tennessee
Group Policy # 000010232985
Group ID# UOFTENN2

Please note: if you cancel coverage and wish to re-enroll in the future, you must provide medical evidence of insurability.

Employee Information				
Last Name	First Name	Middle Initial	Date of Birth	Current Salary
Mailing Address		City	State	Zip Code
Department	Email Address			Telephone No.

Changes in Coverage
<input type="checkbox"/> Cancel my participation in Voluntary Long Term Disability Plan
Effective Date of Change:

Insured's Signature:	Date:
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Completed form to be kept on campus for record keeping purposes only