



Request to Terminate Group Life Insurance Coverage

Please submit the completed form to: Health and Life Insurance Section (HLIS),
Email: hlis@un.org – Fax: (917) 367-1670

Name of Employee (Last, First): _____	Index No.: _____
Contract Holder: _____	Contract No.: _____

Request for Discontinuance of Contributions

I give this notice that I will make no further contributions for coverage, request deductions of such contributions from my earnings to be discontinued and understand that such coverage will automatically expire at the end of the period for which my last contribution was made, except for any Paid-up Insurance (if any) now in force. There is no cash value at the time of coverage termination.

Applicable to either Waiver or Refusal of Increase

I understand that if, at a later date, I wish to reinstate life insurance participation, a new application will be made through the “evidence of insurability” process.

Witness

Employee's Signature

Date Signed (DD/MM/YY): _____