

**Reliance Standard Life Insurance Company - Voluntary Long Term Disability**

**Group LTD Insurance Cancellation Form**

**The University of Tennessee  
Group Policy # LTD 134277**

*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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