

**Phone:** (800) 918-8877  
**Fax:** (847) 615-4943  
**Email:** CustomerCare@trustmarkbenefits.com  
**Website:** www.trustmarkvb.com



PO Box 7937  
Lake Forest IL 60045-7937

### COVERAGE CANCELLATION FORM

Please print or type except where signatures are requested.

Policy Number(s): \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Owner's Address (including City, State, Zip Code): \_\_\_\_\_

Owner's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_

#### UNIVERSAL LIFE CANCELLATION OVERVIEW

Did you know that with a partial surrender you can get cash out of your policy without canceling your policy? To check if you are eligible for a partial surrender, contact Trustmark Customer Care at **(800) 918-8877** or **CustomerCare@trustmarkbenefits.com**

**If you would like to do a full surrender of your coverage, please complete the following:**

I request the full cash surrender of my policy, minus any amount owed on an outstanding loan.  YES  NO

I understand that cash surrender of my policy may result in early termination fees.  YES  NO

I understand that a full cash surrender **cancels my policy**. I have 30 days to change my mind and reinstate my policy by returning any funds issued to me based on the surrender request.  YES  NO

#### NON-LIFE INSURANCE POLICY CANCELLATION OVERVIEW

Accident  CANCEL Cancer/Critical Illness  CANCEL

Disability/Paycheck Protect  CANCEL Trustmark Critical HealthEvents  CANCEL

Trustmark Hospital StayPay  CANCEL

I understand that I have 30 days to change my mind and withdraw my cancellation request, in writing, to Trustmark Customer Service Team to reinstate my policy.  
 YES  NO

#### REASON FOR CANCELLATION

- Premiums are no longer affordable
- I did not understand the policy
- I found a better rate from a competitor
- Have a new policy with a new employer
- Other (Please specify) \_\_\_\_\_

I (we) request that the transaction marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark. Please allow seven to ten business days for processing your request.

Date of Request: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_