



ManhattanLife Insurance Company

PO BOX 926169, Houston, TX 77092 Fax: 1-855-710-6864

Voluntary Benefits Cancellation Request

Insured's Name: _____

Owner's Name: _____ Owner's Social Security Number: _____

Owner's Address: _____

City: _____ State: _____ ZIP+4: _____

Owner's Telephone _____

Cancellation of Insurance

Reason for Cancellation: _____

Product / Policy Number(s) to Cancel: _____

I confirm that I wish to cancel the above listed policies. I understand that when a policy is canceled, all coverage ends.

Signature of Policyowner

Date

Effective date of cancellation will be determined as defined by our Procedural Cancellation Policy.