NYL GBS Customer Service Center
Administered by Infosys McCamish Systems, LLC
PO Box 14577
Des Moines, IA 50306-3577
1.800.231.1193
Facsimile 1.877.435.7181
Collect 470.947.3435 from Alaska
or Outside the U.S.A.

Surrender/Cancel Form
Insperity Holdings, Inc.

CLEAR FORM

Please print (preferably in black ink).

Last Name	First Name	Middle Initial

Mailing Address	Residence Telephone Number

City	State	Zip Code	Employer Name
			INSPERITY HOLDINGS, INC.

Social Security Number	Date of Birth	Sex	Daytime Telephone Number
		◯ Male ◯ Female	

Important Information Regarding the Surrender/Cancel of Coverage(s)

This request to surrender/cancel the certificate(s) will be effective the first of the month following New York Life Group Benefit Solutions (NYL GBS) receipt of the completed, signed request.

This election indicates that all rights, privileges, and benefits under the certificate, are hereby *cancelled*. Please refer to the "SURRENDER" provision in your certificate.

This request will end the selected insurance coverage with NYL GBS.

Child(ren)'s coverage is a rider to the employee or spouse/domestic partner Voluntary Term Life or Accidental Death & Dismemberment certificate of insurance. Child coverage will be canceled if the employee or spouse/domestic partner certificate to which it is a rider is canceled.

Directions for Completing the Surrender/Cancel Form

1. Choose an option(s) for you and/or your spouse/domestic partner in the applicable sections of the form.
2. Sign, date and return your completed form to the address or fax number provided.

Voluntary Term Life Insurance - Policy Number FLI980027 - Cancel Election

☐ I want to cancel my VTL insurance coverage.

☐ I want to cancel my spouse/domestic partner's VTL insurance coverage.

If dependent coverage is being cancelled due to loss of eligibility, conversion may be available. If interested, please contact the above number.

Accidental Death & Dismemberment - Policy Number OK823223 - Cancel Election

☐ I want to cancel my Accidental Death & Dismemberment Insurance coverage.

Voluntary Disability Insurance - Policy Number SLK030024 - Cancel Election

☐ I want to cancel my Voluntary Disability Insurance coverage.

Authorization and Signature

I authorize the above changes to my coverage(s).
I authorize my employer to make the appropriate payroll deductions for changes noted above.

Owner's Signature: _____ Date: _____

Without your signature we will be unable to process your request.

CLICK TO PRINT

123655 Revised 07/2024