

# Surrender/Cancel Form Insperity Holdings, Inc.

Cigna Customer Service Center  
Administered by Infosys McCamish Systems, LLC



Please print (preferably in black ink).

Last Name		First Name		Middle Initial
Mailing Address				Residence Telephone #
City	State	Zip Code	Employer Name	
Social Security #	Date of Birth	Sex	Daytime Telephone #	
<input type="radio"/> Male <input type="radio"/> 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 Cigna's receipt of the completed, signed request.

This election indicates that all rights, privileges, and benefits under the GUL certificate, except the right to receive the amount of cash *surrender* value, are hereby *cancelled*. A surrender/cancel fee may be applicable. Please refer to the "SURRENDER" provision in your GUL certificate.

This request will end your GUL insurance coverage with Cigna. You may request to either have the net cash surrender value refunded to you in a check, less any applicable surrender/cancel fees, or transferred to another certificate you own. Any transfer of funds is subject to Administrative Fees, Premium Tax and IRS Guidelines.

Child(ren)'s coverage is a rider to the employee or spouse/domestic partner GUL certificate of insurance. Child coverage will be canceled if the employee or spouse/domestic partner GUL 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. For Group Universal Life (GUL) only. Choose either of the options provided in the *Notice and Election of Federal Income Tax Withholding on Distributions* section of the form. If you do not choose an option, Cigna will automatically withhold, if applicable.
3. Sign, date and return your completed form to the address or fax number provided.

### GUL SURRENDER/CANCEL ELECTION - Policy No. 2433712 (L104500)

- Surrender/Cancel **my GUL coverage** with Cigna and **refund** of any net cash surrender value.
- Surrender/Cancel **my spouse/domestic partner's GUL coverage** with Cigna and **refund** of any net cash surrender value.
- Surrender/Cancel **my GUL coverage** with Cigna **and Transfer** the funds to my GUL Certificate number \_\_\_\_\_ in lieu of a refund.
- Surrender/Cancel **my spouse/domestic partner's GUL coverage** with Cigna **and Transfer** the funds to my GUL Certificate number \_\_\_\_\_ in lieu of a refund.

### NOTICE AND ELECTION OF FEDERAL INCOME TAX WITHHOLDING ON DISTRIBUTIONS

The distribution you receive is subject to federal withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, there will be no withholding on the return of your premium payments that may be recovered tax-free. You may elect not to have withholding apply. **If you do not want to have federal income tax withheld from your distribution, select the appropriate box below. If no box is selected, Cigna will automatically withhold, if applicable.** Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do not want to have federal income tax withheld from my distribution  
 I want to have federal income tax withheld from my distribution

### PERSONAL ACCIDENT INSURANCE CANCEL ELECTION - Policy No. OK823223

- I want to cancel my Personal Accident Insurance coverage.

Connecticut General Life Insurance Company  
Life Insurance Company of North America  
Cigna Life Insurance Company of New York

**VOLUNTARY DISABILITY CANCEL ELECTION - Policy No. SLK030024**

I want to cancel my Voluntary Disability Insurance coverage.

**AUTHORIZATION AND SIGNATURE**

I authorize the above changes to my coverage(s). If applicable, I make the tax withholding election indicated above.  
I authorize my employer to make the appropriate payroll deductions for changes noted above. (Does not apply to those being billed at their home).

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

