

# DIGNITY HEALTH

## PersonalPlans Insurance Cancellation Form

**Employee Name:** \_\_\_\_\_ (print)

**Employer:** \_\_\_\_\_ (facility) **Employee Phone:** \_\_\_\_\_ (print)

**Last 4 digits of Social Security number:**  **Date of birth:** \_\_\_\_\_

**Policy # of Coverage to Cancel** \_\_\_\_\_

**Short Term Disability Insurance:**

Mail cancellation request to:

Humana  
PO Box 7200  
Lancaster, SC 29721-7200

Cancellation will be effective the first of the following month.  
Policy questions or to get a fax number, please call Humana at 877-378-1505

**Critical Illness Insurance:**

**Group Accidental Insurance:**

Mail cancellation request to:

Aflac  
PO Box 427  
Columbia, SC 29202  
(or) Fax to 866-849-2974  
Cancellation effective date is date received at Aflac  
Policy questions call 800-433-3036

**Universal Life Insurance:**

Mail cancellation request to:

Transamerica Worksite Marketing  
Attn: Customer Service  
PO BOX 8063  
Little Rock, AR 72203-9755  
(or) Fax to 866-945-8691

**Spouse signature needed if canceling Spouse Coverage**

Cancellation effective date is date received at Transamerica -  
Policy questions call Transamerica 888-763-7474

**Group Legal Services:**

Enrollment or cancellation done at annual enrollment effective January 1.

Policy questions call ARAG 800-247-4184

Payroll deduction questions call Mercer Voluntary Benefits 800-964-2238

**Auto/Home Insurance:**

Mail cancellation request to:

Mercer Voluntary Benefits Auto/Home Dept.  
PO Box 10414  
Des Moines, IA 50306  
(or) Fax to 515-365-3359

Please indicate line of coverage & policy number:

- Auto: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Special : \_\_\_\_\_

Insured will receive cancellation effective date by letter.

**For questions concerning these Benefits Call:**

**Individual LTC-Mercer Voluntary Benefits**

**@800-964-2238**

**For Computer Purchasing Power call 866-638-3958**

I would like to terminate my coverage in the above marked plan(s).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE REQUIRED FOR LIFE INSURANCE

\_\_\_\_\_  
DATE