

BOSTON MUTUAL INSURANCE CANCELLATION FORM

Date:

To Whom It May Concern:

I

Name _____ would like to cancel the following insurance coverage with Boston Mutual

- Basic Life (A)
- Optional Life (Plan B)/Voluntary Term Life
- Universal/Whole Life Insurance (Plan C)
- Cancer Insurance
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Accident
- Critical Illness

X _____
Employee Signature

Print Name

Municipality/Company

*For Group Products please include:
Group #/Certificate #/Division #/Dept #*

*For Worksite Products please include:
Case Number/Policy Number*

Email form to GroupAdmin@bostonmutual.com for processing