

University Benefits
University of Florida
903 W. University Ave./ PO Box 115007
Gainesville, Florida 32611-5007
Insurance Cancellation Request Form
(To be used for University of Florida Sponsored Plans only)

Name: _____

UFID: _____ - _____

Please cancel my:

_____ Lincoln Financial Term Life Insurance

_____ Long Term Disability Insurance (Gabor)

_____ Personal Accident Insurance (Accidental Death Insurance)

Effective date of the cancellation _____

Signature _____ Date _____

For Processing Use only:

Date entered in PeopleSoft _____

Original sent to Company _____