

Attn: LTC Solutions, Inc.

Policy Number _____ **Insured Name** _____

Policy Number _____ **Spouse Name** _____

Employer Name: _____ Life + Long-Term Care insurance policy

I would like to cancel my Trustmark Life + Long-Term Care Insurance policy effective today. I understand if I am paying premiums through payroll deduction, the timing of the refund will be based on my employer's payroll cycle and the date of this request.

I am aware that if I wish to apply for any Life + Long-Term Care insurance policy in the future, the rate will be based on my age at that time and full medical underwriting will be required. I understand that I could be denied coverage at that time.

Sincerely,

Employee Signature

____/____/____
Date

Printed Name

____/____/____
Date of Birth

Address

(____)_____
Phone Number

City, State Zip

Signature (spouse/domestic partner)

____/____/____
Date

Printed Name (spouse/domestic partner)

____/____/____
Date of Birth (spouse/domestic partner)