



Decrease Life, AD&D and/or Critical Illness Coverage Form

Use this form to decrease existing Unum Life, AD&D and/or Critical Illness coverage.

This may be used during the year or for open enrollment.

Employee Name: _____ **Employee #:** _____

Decrease Coverage

This change request is for (select all needed): myself Spouse Child(ren)

Note: If you decrease coverage for yourself, your spouse or your child(ren), you may be required to complete and Evidence of Insurability form if you decide to increase coverage in the future.

Please enter the date you wish the decrease to occur: _____

Select the policies you wish to decrease (select all if needed)



Life Insurance



Accidental Death & Dismemberment



Critical Illness

Enter the new amount to decrease your benefit to:

Employee Life \$ _____ Employee AD&D \$ _____

Spouse Life \$ _____ Spouse AD&D \$ _____

Child(ren) Life \$ _____ Child(ren) AD&D \$ _____

*Critical Illness (options to decrease to are \$20,000 or \$10,000) \$ _____

*Note: For Critical Illness, the amount the Spouse is enrolled in must match what the Employee/Child(ren) are enrolled in. If you decrease your coverage, this will automatically decrease for Child(ren) and Spouse.

Sign this form; you must sign and date this form to complete the cancellation process. Unless there is a date of event listed above, this cancellation will be effective the date it's signed.

Signature: _____

Date: _____