embark

Insurance Removal Form

Section 1: Agreement Details

Agreement Number(s): _____   Student's Name: _____

Agreement Number(s): _____   Student's Name: _____

Section 2: Subscriber Details

Name of Subscriber: _____   _____

(Mr./Mrs./Ms) First Name   Last Name

Name of Joint Subscriber: _____   _____

(if applicable)   (Mr./Mrs./Ms) First Name   Last Name

Section 3: Request to Remove Group Life and Disability Insurance Protection

Description of benefits to be removed: (1) Life Insurance: If you or your joint subscriber dies before age 65, the benefit is the aggregate of all deposits which become due under your deposit schedule after your date of death. (2) Disability Insurance: If you or your joint subscriber experience Disability before age 65, after a 12-month waiting period the benefit is the aggregate of all deposits which become due under your deposit schedule while you remain disabled. Disability payments will stop when you turn 65 years old.
Note: For joint coverage, the insurance benefits will be payable on the first death or Disability of either of you.

Section 4: Effective Date

Removal of Group Life and Disability Insurance Protection coverage (Insurance) will be effective on the next deposit date after this Insurance Removal form has been processed. The agreement will continue to have insurance coverage and insurance premiums will be deducted until this time.

Section 5: Acknowledgements

I/We request to cease insurance coverage for the above referenced agreement(s) as of the Effective Date in Section 4. I/We acknowledge that by requesting removal of insurance, I/we will not be eligible to submit an insurance claim on the agreement(s) in Section 1. Further, I/We acknowledge that while insurance premiums will no longer be deducted, following the Effective Date, insurance premiums that have been collected prior to that date will not be refunded.

_____   _____

Signature of Subscriber   Signature of Joint Subscriber

_____   _____

Date (yyyymmdd)   Date (yyyymmdd)