Cancellation Request

HUMANA.
Guidance when you need it most

Insured's Name _____ Employee ID # _____
Owner's Name _____ Owner's Social Security Number _____
Owner's Address _____
City _____ State _____ ZIP+4 _____
Owner's Telephone _____

Cancellation of Insurance

Reason for Cancellation _____
_____

Policy Number(s) to Cancel _____
_____
_____
_____
_____

I confirm that I wish to cancel the above listed policies.

_____ _____/_____/_____
Signature of Policyowner Date

Effective date of cancellation will be the first of the following month.

Retroactive cancellations are not allowed.

Scan and email completed cancellation form to County Benefits or fax to 567-4367 or 525-5779.