

# Lincoln Financial Group - Voluntary Long Term Disability

## Group LTD Insurance Cancellation Form

**The University of Tennessee**  
**Group Policy # 000010232985**  
**Group ID# UOFTENN2**

*Please note: if you cancel coverage and wish to re-enroll in the future, you must provide medical evidence of insurability.*

Employee Information				
Last Name	First Name	Middle Initial	Date of Birth	Current Salary
Mailing Address		City	State	Zip Code
Department	Email Address			Telephone No.

Changes in Coverage
<input type="checkbox"/> Cancel my participation in Voluntary Long Term Disability Plan
Effective Date of Change:

Insured's Signature:	Date:
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