Phone: (800) 918-8877
Fax: (847) 615-4943
Email: CustomerCare@trustmarkbenefits.com
Website: www.trustmarkvb.com

PO Box 7937
Lake Forest IL 60045-7937

Trustmark
benefits beyond benefits

COVERAGE CANCELLATION FORM

Please print or type except where signatures are requested.

Policy Number(s): _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: ( ) _____ Owner's Email Address: _____

UNIVERSAL LIFE CANCELLATION OVERVIEW

Did you know that with a partial surrender you can get cash out of your policy without canceling your policy? To check if you are eligible for a partial surrender, contact Trustmark Customer Care at **(800) 918-8877** or **CustomerCare@trustmarkbenefits.com**

If you would like to do a full surrender of your coverage, please complete the following:

I request the full cash surrender of my policy, minus any amount owed on an outstanding loan. ☐ YES ☐ NO

I understand that cash surrender of my policy may result in early termination fees. ☐ YES ☐ NO

I understand that a full cash surrender **cancels my policy**. I have 30 days to change my mind and reinstate my policy by returning any funds issued to me based on the surrender request. ☐ YES ☐ NO

NON-LIFE INSURANCE POLICY CANCELLATION OVERVIEW

Accident	☐ CANCEL	Cancer/Critical Illness	☐ CANCEL
Disability/Paycheck Protect	☐ CANCEL	Trustmark Critical HealthEvents	☐ CANCEL
Trustmark Hospital StayPay	☐ CANCEL		

I understand that I have 30 days to change my mind an withdraw my cancellation request, in writing, to Trustmark Customer Service Team to reinstate my policy.
☐ YES ☐ NO

REASON FOR CANCELLATION

- ☐ Premiums are no longer affordable
- ☐ I did not understand the policy
- ☐ I found a better rate from a competitor
- ☐ Have a new policy with a new employer
- ☐ Other (Please specify) _____

I (we) request that the transaction marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark. Please allow seven to ten business days for processing your request.

Date of Request: _____

Name of Owner(s): _____

Signature of Owner(s): _____