

# JOB INSURANCE CANCELLATION

To: U T U  
14600 Detroit Ave.  
Cleveland OH 44107

Effective \_\_\_\_\_, I hereby request to **cancel** my job insurance.  
(Date)

Policy Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Employee Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_

RR Division: \_\_\_\_\_ Local #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_