

Complete all sections. Return completed form to Standard Insurance Company.

MEMBER INFORMATION

Your Name (Last, First, Middle)	Soc. Sec. No.
Group Name State of Oregon PEBB	Group Number 606814

TERMINATION

Please terminate my Retiree Life insurance coverage on the last day of ____ / ____ . Please do not charge any further premiums that would extend the discontinued insurance coverage beyond that date.
Month Year

SIGNATURE

I wish to terminate my Retiree Life insurance coverage as noted above. I understand that I may be required to provide Evidence Of Insurability at my own expense to become insured again and that Standard Insurance Company will have the right to refuse my request. I understand that if I become insured again additional restrictions and limitations may apply.

Member Signature Required	Date (Mo/Day/Yr)
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