Reset

Standard Insurance Company
CTA Benefits and Services
PO Box 4744 Portland OR 97208
Tel & TTY 800.522.0406 Fax 888.414.0393

Coverage Termination for CTA-Endorsed Plans

For additional information and forms go to: www.CTAMemberBenefits.org/TheStandard

Use this form if you would like to terminate part or all of your Insurance coverage. Mark all applicable boxes and complete all applicable sections. Please return the completed form to The Standard.

Employee Information ** Required fields.*

SIC USE ONLY	POLICY NO.	PARTICIPANT ID		
FIRST NAME*		MIDDLE INITIAL	LAST NAME*	PHONE NUMBER*
MAILING ADDRESS*			CITY*	STATE* ZIP*
SCHOOL DISTRICT* *Please do not abbreviate.*				

Coverage(s) to be Terminated *Required*

- ☐ **ALL COVERAGES**
- ☐ Disability Insurance
- ☐ Life Insurance with Accidental Death & Dismemberment (AD&D)
- ☐ Dependents Life Insurance (Spouse/Domestic Partner) with AD&D
- ☐ Dependents Life Insurance (Spouse/Domestic Partner and Children) with AD&D

Reasons for Termination *Required - Check all that apply*

- ☐ Declined CTA membership
- ☐ No longer need coverage (please specify) _____
- ☐ Cost of premiums
- ☐ Dissatisfied with The Standard's Service (please specify) _____
- ☐ Going to another insurance company (please specify) _____
- ☐ Becoming an Administrator
- ☐ Other (please specify)_____

Signature Required

I wish to make the choices indicated on this form. I agree that my coverage is subject to the terms and conditions of the Group Policy. I understand that if my insurance cannot be continued, any premium advanced by me will be refunded. I understand that my premium amount will change if my coverage or costs change. This authorization will remain in effect until cancelled by me or by The Standard.

Participant Signature _____ Date _____

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