

RETIREE BENEFITS CANCELLATION OF LIFE INSURANCE

PLEASE PRINT ALL INFORMATION - THE LAST COPY IS YOURS EFFECTIVE DATE: _____

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	
HOME ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE
BIRTH DATE	SOCIAL SECURITY NO.	FOR OFFICE USE ONLY CONFIRMATION DATE:			

I hereby CANCEL my enrollment in the Aerospace Retiree Life Insurance Plan.

Retiree Signature: _____ Date _____