

Mutual of Omaha Insurance Company United of Omaha Life Insurance Company Group Premium and Enrollment Services

Return Completed Form to: Angela Graziano Wheatley Agency Inc. 377 Oak St. #205 Garden CIty, NY 11530

Check which coverages should be terminated:

)ate				
mployer's Company	Name			
Address				
Sub-Group Name		Locatio	Location Code	
Group I.D.		Sub-Gr	Sub-Group I.D	
orm may be returned ive working days of tl	separately or attached to your re ne date your billing statement is p	mittance for any credit due your produced, the changes will appea	rm and no longer eligible for coverage. This account. If changes are not received within ron your subsequent billing statement. ing to your master policy/contract.	
Soc. Sec. No.	Employee's Name	Day Last Worked*	Reason	
			and a face of the state of the	