



Union Benefit Administrators, Inc.

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Attn: Policy Cancellation Department
12000 South Harlem Avenue
Palos Heights, IL 60463

To Whom it May Concern

Please allow this letter to serve as my notice that I would like to cancel the coverages listed below upon the prior to the next billing cycle.

The coverages I wish to cancel are:

CARPENTERS LIFE INSURANCE PROGRAM

Sincerely,

Signature

Print Name

Date