



Supplemental Life Insurance Drop Form

Employee ID or Social Security # _____ Last Name _____ First Name _____ M.I. _____

Daytime Phone Number _____ Email _____

The purpose of this form is to decrease your supplemental life insurance. Check the box indicating your election:

Discontinue Supplemental Life Insurance

I elect to cancel the optional supplemental Term Life Insurance. I understand I will be covered only for the Basic Term Life provided by Vanderbilt. I further understand that if I wish to re-enroll in supplemental coverage, I will be required to complete a new application that will be subject to approval by Metropolitan Life Insurance Company and that I may be required to undergo a physical examination at my expense.

Decrease Supplemental Life Insurance Coverage to:

- 1 × salary 2 × salary

<i>Benefits Office Use Only</i>	
Pay Group	_____
ID #	_____
Eff Date	_____
Entered by	_____
Approved by	_____
Date Received in Benefits	_____

Employee Signature _____ Date _____

Mail form to: Vanderbilt HR Benefits, VU Station B #357700, 2301 Vanderbilt Place, Nashville, TN 37235-7700
or deliver form to: HR Express, 2525 West End Avenue, second floor, Nashville, TN 37203