

**UNIVERSITY OF CENTRAL ARKANSAS
201 DONAGHEY AVENUE
HUMAN RESOURCES
WINGO HALL 106
CONWAY, AR 72035**

I wish to cancel the following supplemental insurance policy effective 12-31-10:

<u>PRODUCT</u>	<u>INITIAL</u>
Accident	_____
Cancer	_____
Heart/Stroke	_____
Hospital	_____
Critical Illness	_____
Short Term Disability	_____
Traditional Life	_____
Vision	_____
Universal Life Allstate	_____
Universal Life TransAmerica	_____

SIGNATURE

DATE

SOCIAL SECURITY NUMBER