

# THE MPM GROUP, LLC

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Specialists in Employee Benefits

## Service Request Form for University of Kentucky Employees

For use with Universal Life, Cancer, Short-term Disability, Accident, and Long Term Care Policies

PART A Employee Info			
1	Employee Name	Social Security No.	Date of Birth
2	Street Address	City	State Zip Code Home Phone Number
PART B Cancellation Request			
1	Type of Policy(s) to be Cancelled	Company(s)	Policy Number(s)
2	Reason for Cancellation <i>(Short-term Disability, Accident, and Cancer insurance plans can only be cancelled during Open Enrollment unless a "Qualifying Event" occurs)</i>		
3	Name of Proposed Insured(s) <i>(If different than the Employee)</i>		
PART C Direct Billing Request			
1	Type of Policy(s) to be Direct Billed	Company	Policy Number(s)
2	Reason for Direct Billing		
3	Name of Proposed Insured(s) <i>(If different than the Employee)</i>		
PART D Change of Address Request			
1	New Street Address	City	State Zip Code
2	Type of Policy(s)	Company(s)	Policy Number(s)
PART E SIGNATURE			
X	Employee's Signature	Date	
X	Policy Owner's Signature <i>(If different than the Employee)</i>	Date	

Please mail this form to the address listed above as soon as possible