GCU
5400 Tuscarawas Rd, Beaver PA, 15009
P 1.800.722.4428 F 724.495.3421 E info@GCUusa.com

Policy Cancellation Request

First Name: _____ Certificate Number(s): _____

Last Name: _____ _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (_____) _____

(Is this a new address? ❑ Yes ❑ No) Cell Phone: (_____) _____

Email Address: _____ Date of Birth:_____/_____/ _____

I hereby authorize GCU to cancel my insurance policy, and any existing bank drafts for the associated policy. I understand that upon processing of this request, I will no longer have benefits under the policy.

I understand that this request does not entitle me to a refund of premiums paid for previous coverage and that the termination of bank drafts will require reasonable processing time.

Owner's Signature Required_____ ***Date***_____