

New York Life Employee Whole Life Insurance Cancellation Directions

If it is your desire to cancel your New York Life Employee Whole Life insurance policy/policies please complete the following steps:

1. **Email Notification:** Please send an email to New York Life at djohnson7@ft.newyorklife.com notifying them of your desire to cancel your policy/policies. **In your email please specify each policy and each individual/insured to be cancelled.**
2. Please complete the New York Life Full Surrender Request Form. **One form must be completed for each individual/insured to be cancelled. If you have any questions on completing the surrender form, please feel free to call New York Life at 806-698-5635.** This is the Lubbock local office and a service assistant will be able to provide you any needed information and answer your questions.
3. **Directions Required Form #1:** New York Life Full Surrender Request Form (see required form on website)
 - *Include Policy number (only one policy number per form)
 - *Include Insured's Name
 - *Policyowner's taxpayer identification number, include policy owner's social security number, this is the District Employee that owns the policy
 - *Mark if a U.S. Citizen
 - *Indicate best daytime phone number
 - * Page 2, fill out address portion IF there is an address change only, otherwise any policy case value will be mailed to address on record
 - *Page 2, Policyowner Signatures, District Employee/Policy Owner will sign and date form in two places, middle of page and bottom of page

Scan and Email or Mail Completed New York Life Full Surrender Form to djohnson7@ft.newyorklife.com or Mail to:
New York Life Insurance Company
Attn: Dan Johnson, Agent
6121 79th Street, Unit A
Lubbock, Texas 79413

4. **Directions Required Form #2:** Complete LISD Post-Tax Plan Cancellation Form (see required form on website)
 - *Include Name of Employee, Address, Sex, Date of Birth, Building, and Position
 - *List Insured's Name of each policy that is to be cancelled and premium amount for each policy currently being deducted
 - *Signature - sign and date at bottom of form, should be signed by District EmployeeCompleted form should be emailed to vaun.murphrey@lubbockisd.org or faxed to 806-766-1195

Questions or needing missing information? Please feel free to call the New York Life local office at 806-698-5635

******Please allow for a minimum of one billing cycle, 30 days, for surrender forms to be received and processed. Depending on the day of the month that form is received and processed, a monthly deduction may still occur.***