



## West Wilson Utility District

Please cancel Voluntary Life coverage with Mutual of Omaha for \_\_\_\_\_.

Type (s) of coverage: \_\_\_\_\_

Please make this effective \_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date