



Request to Decrease / Cancel Group Accident Plan (GAP) Coverage Form

Please complete this form if you wish to DECREASE or CANCEL your existing Group Accident Plan (GAP) coverage, underwritten by the Nationwide Life Insurance Company.

Indicate your selection below.

I wish to **DECREASE** my Group Accident Plan (GAP) coverage.

Current Coverage Amount: \$ _____

New Coverage Amount: \$ _____

I wish to **CANCEL** my Group Accident Plan (GAP) coverage.

Please provide the reason(s) you wish to cancel your coverage: _____

Full Name (please print): _____

Date of Birth: _____ (DD/MM/YYYY)

Last 4 Digits of Social Security Number (SSN): _____

Signature (required)

Date