



USAA Life Insurance Company
USAA Life Insurance Company of New York

INSTRUCTIONS FOR RETURNING FORMS

You need to print, complete, and sign and date this form.

You can return it to us one of three ways: by upload, mail or fax.

Upload the completed and signed form through the USAA Mobile App or usaa.com:

From the USAA Mobile app:

1. Select the profile icon.
2. Select "Inbox" (Android only).
3. Select "Send documents to USAA."
4. Select "Upload documents."
5. Follow the screen prompts.

From usaa.com:

1. Log on to your account.
2. Select the profile icon.
3. Select "Inbox."
4. Select "Send documents to USAA."
5. Follow the screen prompts.

You can also mail to:

USAA Life Insurance Company
USAA Life Insurance Company of New York
9800 Fredericksburg Road
San Antonio, TX 78288

Or you can fax to:

877-435-7099 within the United States

Questions?

Call toll-free in the United States: 800-531-8722



USAA Life Insurance Company
USAA Life Insurance Company of New York
Service Center
9800 Fredericksburg Road
San Antonio, TX 78288
Fax: 877-435-7099

HEALTH INSURANCE CANCELLATION REQUEST

Please note:

- A separate form is required for each Medicare Supplement policy cancellation request.
- If you wish immediate cancellation, please call USAA Life Company Service Team at 1-800-531-8722.
- Do NOT use this form for Health Cancellation Request due to Death. To report the death of a member, please call USAA Survivor Relations Team at 1-800-292-8294.

OWNER'S PERSONAL INFORMATION (Required)

FULL NAME: _____

USAA NUMBER: _____ **PHONE NUMBER:** _____

POLICY/CONTRACT INFORMATION

POLICY TYPE: (If cancelling more than one policy type, please select all that apply)

☐ Medicare Supplement

☐ Income Replacement

☐ In-Hospital Cash

CONTRACT NUMBER: (Only required if USAA number is not available) _____

CANCELLATION EFFECTIVE DATE: (Required) _____

NOTE: Coverage cannot be terminated earlier than the date this form is received by USAA Life Insurance Company. Please confirm your requested cancellation date above.

REASON FOR CANCELLATION: _____

Refund Disbursement (If applicable)

Any refunds due will be sent via check to the owner's address on file after processing the requested cancellation.

Signature and Acknowledgement (Signature and Date are required)

I direct that the cancellation requested be made from the reference contract. I understand and acknowledge that USAA will act solely on my representation and instructions as set forth in this form. I understand and acknowledge that once contract is cancelled, reinstatement is not available, and that the plan may no longer be sold. I understand and acknowledge that if re-application is available, I may be subject to medical underwriting.

Signature of Contract Owner or Authorized Agent
(If signed by an Authorized Agent, valid Power of Attorney must be on file)

Date (mm/dd/yyyy)