



Individual Assurance Company
LIFE, HEALTH & ACCIDENT

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

5500 N. Western Avenue, Suite 200, Oklahoma City, Oklahoma 73118 ♦ 1.800.821.5434 ext.422

CNMI GROUP LIFE INSURANCE REQUEST FOR REFUND

CNMI Group Number _____

Group/Employer Name: _____

Employee Full Name: _____

Employee SSN or ID#: _____

Eligible refund amounts will be returned to the Employer group. If a portion of the refund is due directly to the employee, the Employer is responsible for returning funds to the employee.

Reason(s) for Refund:

- Basic Life Insurance Cancelled
- Dependent Life Insurance Cancelled
- Premiums Deducted; No Insurance Requested
- Incorrect Premiums Deducted
- Other _____

Please provide specific detail regarding the refund request:

Attach copies of all documentation supporting the refund request. For example, Enrollment/Change Forms, Premium Submission Spreadsheets, etc. Actual premium paid can be verified via IAC systems.

As of 02/01/2015: "Premium refund requests must be received at the Insurer's [IAC's] Home Office within 120 days of the effective date of the Covered Person's termination of employment or coverage. In any event, the maximum refund amount is equal to the amount of premium received by the Insurer [IAC] for such Covered Person during the 120 days immediately prior to the date of termination of employment or coverage." CNMI Group Insurance Policy

Group Representative/Title: _____

Group Rep. Signature: _____

Telephone Number: _____

Email Address: _____

Group Address to
Mail Refund Check: _____

**Return completed form and documentation by placing a PDF copy in your secure IAC Portal.
For questions completing this form, email pacific@iaclife.com.**