

**CANCELLATION OF COVERAGE FORM**  
**VOLUNTARY SHORT-TERM DISABILITY (VSTD) PLAN**  
**RAIL/BUS MEMBERS**

COMPLETE THIS FORM ONLY IF **YOU WANT** TO CANCEL YOUR PARTICIPATION IN THE VSTD PLAN

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By signing below, I am cancelling the disability coverage that has been made available to me by the SMART-TD. Should I decide to join the plan in the future, I understand that evidence of insurability may be required at my own expense. I further understand that should I apply for disability benefits in the future, I may be declined coverage by the Underwriting Department of the Plan.

SMART TD Local # \_\_\_\_\_ Member Name (Printed) \_\_\_\_\_

Member Address: \_\_\_\_\_  
\_\_\_\_\_

Member Birthdate: \_\_\_\_\_ Last 4 Digits of Social Security No.: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED TO BE VALID!**

You may mail, fax or email the completed form to:

SMART-TD  
ATTN: Dora Wolf  
24950 Country Club Blvd., Suite 340  
North Olmsted, OH 44070-5333  
FAX: 216-227-5208  
Email: [dwolf@smart-union.org](mailto:dwolf@smart-union.org)