
DATE

**MANAGER INSURANCE DEPARTMENT
PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

Sir/Ma'am:

I am surrendering my Equity Plan insurance coverage effective _____, the date of my retirement/termination/separation from service. I understand that I will no longer be covered by this insurance plan as of this date. During my service with the _____ I was:

- not Suspended/AWOL/Dismissed/others
 Suspended/AWOL/Dismissed/others

Also, request payment of any amount due to me from the Equity Value less any indebtedness.

Signature: _____

Rank & Name: _____

Last Unit Assignment: _____

Home Address: _____

Contact No.: _____

Documents Attached to this Form:

- ___ Application Form
___ Photocopy of Updated Service Record from DPRM
___ Photocopy of PNP ID with 3 Signature

Insurance Refund of Equity Value Form
PSMBFI Form No. 1-002 Revised 10/21/20

DATE

**MANAGER INSURANCE DEPARTMENT
PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

Sir/Ma'am:

I am surrendering my Equity Plan insurance coverage effective _____, the date of my retirement/termination/separation from service. I understand that I will no longer be covered by this insurance plan as of this date. During my service with the _____ I was:

- not Suspended/AWOL/Dismissed/others
 Suspended/AWOL/Dismissed/others

Also, request payment of any amount due to me from the Equity Value less any indebtedness.

Signature: _____

Rank & Name: _____

Last Unit Assignment: _____

Home Address: _____

Contact No.: _____

Documents Attached to this Form:

- ___ Application Form
___ Photocopy of Updated Service Record from DPRM
___ Photocopy of PNP ID with 3 Signature

Insurance Refund of Equity Value Form
PSMBFI Form No. 1-003 Revised 10/21/20
