

OneMain Financial Optional Products Cancellation Customer Request

Optional product cancellation requests are accepted verbally or in writing.

Please note: If joint coverage and/or GAP was purchased, both borrowers must call CARE or sign this request.

Verbal Cancellation Requests

Customer(s) must call CARE @ 1-888-625-7544

Written Cancellation Requests

Mail - 601 N.W. Second Street, Evansville, IN 47708; or

Email - tpsinsurance@omf.com; or

Fax - 866-743-4524

State/Branch Number: _____

Account Number: _____

Borrower's Name: _____

Co-Borrower's Name: _____

Mailing Address: _____ City, State, Zip: _____

Contact Phone Number: _____

Cancellation Request Please mark the appropriate product box to request a cancellation:

Credit Insurance/GAP

- | | |
|---|--|
| <input type="checkbox"/> Credit A & H (Disability) | <input type="checkbox"/> Credit IUI (Unemployment Insurance) |
| <input type="checkbox"/> Credit Life | <input type="checkbox"/> GAP (Guaranteed Asset Protection) |
| <input type="checkbox"/> Collateral Protection (Modified/Automobile Single Interest, Vehicle Limited Dual Interest) | |

Non-Credit Insurance/Other Products

Enter Policy # (if known) or Effective Date: _____

- | | |
|---|---|
| <input type="checkbox"/> American Health and Life/Merit Term Life | <input type="checkbox"/> Merit SMART Life |
| <input type="checkbox"/> KidsLife | <input type="checkbox"/> Disability Income Protection |
| <input type="checkbox"/> Merit Accidental Death & Dismemberment | <input type="checkbox"/> Auto/Home & Auto |

Reason for Cancellation

- | | |
|--|---|
| <input type="checkbox"/> Changed my mind | <input type="checkbox"/> Product not fully explained |
| <input type="checkbox"/> Not told product was optional | <input type="checkbox"/> Not Informed/didn't know I purchased |
| <input type="checkbox"/> Other physical damage collateral protection coverage obtained | |
| <input type="checkbox"/> Other (specify): _____ | |

Signed: _____

Date: _____

Signed: _____

Date: _____

