

ALLSTATE BENEFITS (FORMERLY KNOWN AS AHL) CANCELLATION FORM



- CANCELLATION DURING THE OPEN ENROLLMENT PERIOD WILL BE EFFECTIVE JANUARY 1ST.
 - CANCELLATION THROUGHOUT THE PLAN YEAR MUST BE DONE THROUGH ALLSTATE
- SUBMIT VIA FAX TO: 305-355-2324

| EMPLOYEE NAME | | LAWSON/INFOR# | | | |
|--|---------------|---|----------------------|-----------------------------------|--------------|
| | | | | | |
| ONSITE FBMC REPRESENTATIVE | | | | | |
| | | | | | |
| I WOULD LIKE TO CANCEL MY ALLSTATE BENEFITS (AHL) COVERAGE(S): | | | | | |
| <input type="checkbox"/> | CANCEL | INDIVIDUAL CRITICAL ILLNESS COVERAGE (CILL) | | | |
| <input type="checkbox"/> | CANCEL | HEART AND STROKE (HART) | | | |
| | | | | | |
| EMPLOYEE SIGNATURE | | | | DATE | |
| | | | | | |
| | TERM DATE(S): | LAWSON ENTRY (DATE): | COPY TO FBMC (DATE): | COPY TO ALLSTATE BENEFITS (DATE): | PAYROLL DATE |
| | | | | | |