

# ALLSTATE BENEFITS (FORMERLY KNOWN AS AHL) CANCELLATION FORM



**EMPLOYEES MUST MEET WITH AN ON-SITE  
FBMC REPRESENTATIVE TO CANCEL.**

- YOU CAN ONLY CANCEL DURING OPEN ENROLLMENT
- I UNDERSTAND THAT THIS IS A CANCELLATION FOR JANUARY 1ST.
- CANCELLATION BEFORE THAT DATE MUST BE DONE THROUGH THE PROVIDER.

SUBMIT VIA FAX TO: 305-355-2324

EMPLOYEE NAME		LAWSON#			
ONSITE FBMC REPRESENTATIVE					
I WOULD LIKE TO CANCEL MY ALLSTATE BENEFITS (AHL) COVERAGE(S):					
I understand that this is a cancellation for January 1st. Cancellation before that date must be done through the provider.					
<input type="checkbox"/>	CANCEL	GROUP CRITICAL ILLNESS 2019 (GVCIP4)			
<input type="checkbox"/>	CANCEL	ACCIDENTAL PLAN (ACCI)			
<input type="checkbox"/>	CANCEL	HOSPITAL INDEMNITY (GHIP)			
<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