

# 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