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):

☐ CANCEL	INDIVIDUAL CRITICAL ILLNESS COVERAGE (CILL)
☐ 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

Jackson HEALTH SYSTEM

FBMC A LEAVITT GROUP AGENCY

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