



VOLUNTARY BENEFITS CANCELLATION REQUEST

Employee Name _____

Employee Date of Birth _____

Please cancel the following voluntary benefits effective **JANUARY 1, 2020**:

AFLAC Customer Service: **(800) 992-3522**

- Accident Policy # _____
- Critical Illness Policy # _____
- Cancer Policy # _____
- Other: _____ Policy # _____

American Fidelity Customer Service: **(800) 662-1113**

- Accident Policy # _____
- Critical Illness Policy # _____
- Life Insurance Policy # _____
- Other: _____ Policy # _____

Trustmark Customer Service: **(800) 243-2524**

- Policy Type _____ Policy # _____
- Policy Type _____ Policy # _____
- Policy Type _____ Policy # _____
- Other: _____ Policy # _____

Washington National Customer Service: **(800) 525-7662**

- Policy Type _____ Policy # _____
- Policy Type _____ Policy # _____
- Policy Type _____ Policy # _____
- Other: _____ Policy # _____

Employee Signature _____

Date Signed _____