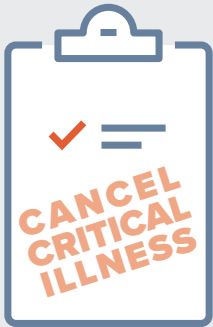


ALLSTATE (FORMERLY AHL) CRITICAL ILLNESS FORM



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

RETURN IN PERSON TO:

On-site FBMC Service Center Jackson Main Campus

1611 NW 12th Ave.
Park Plaza West L-109B

EMAIL TO: JHSFieldOffice@FBMC.COM

FAX TO: 305-355-2324

- 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.

EMPLOYEE NAME	EMPLOYEE #

ONSITE FBMC REPRESENTATIVE

I WOULD LIKE TO CANCEL MY ALLSTATE (FORMERLY AHL) BENEFIT(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

EMPLOYEE BENEFITS USE ONLY					
	TERM DATE(S):	LAWSON ENTRY (DATE):	COPY TO FBMC (DATE):	COPY TO ALLSTATE (DATE):	

