

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)	
<input type="checkbox"/> CANCEL	HEALTH CONSUMER/FERTILITY & FAMILY PLANNING	
EMPLOYEE SIGNATURE		DATE
	TERM DATE(S):	LAWSON ENTRY (DATE):
		COPY TO FBMC (DATE):
		COPY TO ALLSTATE BENEFITS (DATE):
		PAYROLL DATE