

TO: EMPLOYEE BENEFITS DEPARTMENT

DURING OPEN ENROLLMENT ONLY

I WOULD LIKE TO CANCEL MY ALLSTATE GROUP CRITICAL ILLNESS (formerly AHL).

___ Cancel Group Critical Illness Coverage- prior to 2012 (GCIL2)

___ Cancel added new Group 2012 plan- (GC2012)

___ Cancel Individual Critical Illness Coverage (CILL)

___ Cancel Group Critical Illness 2015 (VGCI)

___ Heart and Stroke

NAME: _____ **EMP#:** _____

SIGNATURE: _____ **DATE:** _____

I understand that this is a cancellation for January 1st. Cancellation before that date must be done through the provider.

Employees must meet with an Onsite FBMC Representative to cancel.

Employees cannot fax this form in.

Onsite FBMC Representative: _____

EMPLOYEE BENEFITS USE ONLY

Term date(S): _____

Lawson Entry (DATE): _____

Copy to FBMC (DATE): _____

Copy to AHL (DATE): _____