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#

ONSITE FBMC REPRESENTATIVE

I WOULD LIKE TO CANCEL MY ALLSTATE BENEFITS (AHL) COVERAGE(S):

☐ CANCEL	GROUP CRITICAL ILLNESS 2019 (NVGCI)
☐ CANCEL	ACCIDENTAL PLAN (ALACCI)
☐ CANCEL	HOSPITAL INDEMNITY (GHIP)
☐ 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 BENEFITS MANAGEMENT