

## **Request for Cancellation of Policy**

\*Cancellation of riders on existing coverage should be completed using the Request for Change Form (HL0046) or the applicable product application for downgrade.

Change i oim	TIE00+0) OF the applicable pr		r application	ioi aomingiaaci
Policyholder Name:				
Billing Name (if different than policyholder)			Policyholder's SSN or EEID:	
Email Address:				
Requested Effective Date:				
Policy Number	Coverage Type	Cur	rent Payroll Dec	luction Status
		□ Б	Pre-tax**	☐ Post-tax
		□ Б	Pre-tax**	☐ Post-tax
		☐ Pre-tax** ☐ Pre-tax** ☐ Pre-tax**		☐ Post-tax
				☐ Post-tax
				☐ Post-tax
		□F	Pre-tax**	☐ Post-tax
insurability to re-quality Policyholder's Signature	-			Date
Associate/Agent Signatu	re and Writing Number			
TO THE EMPLOYER: IMPORTA If your Aflac insurance pre IRS guidelines, the IRS do	equired to be completed for pos INT! READ BEFORE SIGNING! miums are paid through an IRS Secti es not allow changes to insurance pro narriage, divorce, birth, death, adoption	on 125 emium	5 Cafeteria Plan, n during the plan	year unless there is a valid
	on to allow the cancellation during the caudo not authorize cancellation, the ca			
Employer's/ Plan Administ	rator's Signature (Authorizing Cancel	ation)		Date
Printed Name of Authorize	d Employer Plan Administrator			