

## AFLAC CANCELLATION NOTICE

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby request cancellation  
(print name of insured)

of \_\_\_\_\_ policy \_\_\_\_\_.  
(type of policy) (policy number)

Please make this cancellation effective \_\_\_\_\_.  
(date)

Insured's signature: \_\_\_\_\_

Insured's SSN or \_\_\_\_\_

Employee ID # \_\_\_\_\_

*American Family Life Assurance Company of Columbus (AFLAC) • Worldwide Headquarters: Columbus, Georgia 31999*

**M-0784**

**M0784.2**

DC Government has granted approval for cancellations to occur in the month of January 2023 outside of open enrollment. Approval is on file with Aflac HQ.