

AFLAC CANCELLATION NOTICE

Date _____

I, _____, do hereby request
(print name of insured)

cancellation of _____ policy _____.
(type of policy) (policy number)

Please make this cancellation effective _____.
(date)

Insured's Signature: _____

Insured's SSN: _____

Insured's Contact Info:

Phone _____ Email _____

Company: Plainville Board of Education

Associate/Agent: Thomas McKiernan

Forward this completed form to Aflac and the Plainville Payroll Dept.

Aflac Fax: 203.878.0806

Aflac Email: thomas_mckiernan@us.aflac.com