

CANCELLATION REQUEST

Nassau County School Board
Office of Business Services
1201 Atlantic Avenue
Fernandina Beach, FL 32034

To Whom It May Concern:

Please cancel the following supplemental insurance policies effective 10/01/2020:

- | | |
|---|--|
| <input type="checkbox"/> Pretax Deductions | <input type="checkbox"/> AFLAC |
| <input type="checkbox"/> Liberty National | <input type="checkbox"/> AFLAC – Disability only |
| <input type="checkbox"/> Liberty National – Group Term Life only | <input type="checkbox"/> AFLAC – Accident only |
| <input type="checkbox"/> Liberty National – Accident Protector only | <input type="checkbox"/> AFLAC – Cancer only |
| <input type="checkbox"/> Liberty National – Cash Cancer only | <input type="checkbox"/> AFLAC – Hospital only |
| <input type="checkbox"/> Liberty National – Cancer Endurance only | <input type="checkbox"/> AFLAC – Sickness only |
| <input type="checkbox"/> Liberty National – Critical Illness only | <input type="checkbox"/> AFLAC – Intensive Care only |
| <input type="checkbox"/> LegalShield | <input type="checkbox"/> AFLAC – Specified Health only |
| <input type="checkbox"/> LegalShield – Identity Theft only | <input type="checkbox"/> Professional (PIC) |
| <input type="checkbox"/> LegalShield – Legal Plan only | <input type="checkbox"/> Horace Mann |
| <input type="checkbox"/> New York Life | <input type="checkbox"/> Optional Life |
| <input type="checkbox"/> Other: _____ | |

Thank you,

Signature

Date

Printed Name

Employee ID

Location