AMERICAN FIDELITY CANCELLATION REQUEST

I hereby request the cancellation of the following American Fidelity Insurance policy or policies:

Please Note:

You must return this form to the Human Resources Department at City Hall.
Premiums are paid on a monthly basis. The policy will be cancelled the month following receipt of this notice.

_____	_____
Policy Number	Type of Coverage
_____	_____
Policy Number	Type of Coverage
_____	_____
Policy Number	Type of Coverage

Effective Month of the Cancellation(s): _____

Employee Name: _____ Emp. # _____

_____ _____

Employee Signature Date

Print Form