

# 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: Stephen West

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

Aflac Fax: 203.878.0806

Aflac Email: [stephen\\_west@us.aflac.com](mailto:stephen_west@us.aflac.com)