

Attention to: The Cottages Employees,

Due to company changes, The Cottages will no longer be paying for your Aflac Accident Plan.

If you would like to keep your Accident plan, your premium will be deducted from your paycheck. There will be no change in your premium or benefits. Nothing is required to continue this benefit.

If you do not want to continue with your Accident Plan, you must fill in and sign the attached cancellation form.

Please contact your Aflac Representative, Alex Marti, with any questions or concerns.

Thank you.

Alex Marti
208-514-8505
alex marti@us.aflac.com

AFLAC CANCELLATION NOTICE

Date:					
I,(printed name of insur	red)	, do hereby ı	equest	cancell	ation
of my(type of policy)		_ Policy	(policy r	nuṃber)	•
I,(printed name of insur		, do hereby 1	equest	cancella	ation
of only my(type	e of rider)	rider on my			
	policy, Policy No	0			·····
(type of policy)			(policy n	umber)	
Please make this cancellation	n effective				•
		(date)		•	
Insured's signature:			·		
Insured's SSN:					٠
Associate/Agent:					
	(name and writi-	ng number)			

American Family Life Assurance Company of Columbus (Aflac)
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