

AMALGAMATED VOLUNTARY BENEFITS CANCELLATION FORM

Amalgamated Coverages

- Do you wish to cancel your Amalgamated Accident Coverage? Yes No
- Do you wish to cancel your Amalgamated Critical Illness Coverage? Yes No
- Do you wish to cancel your Amalgamated Disability Coverage? Yes No
- Do you wish to cancel your Amalgamated Workers Life Coverage? Yes No

Security Mutual Life Insurance Coverage

- Do you wish to cancel your Security Mutual Life Insurance Coverage? Yes No

Please fax or email this form to:

Silvia Aguilar
Fax: 877-847-1040
Email: saguilar@honestbenefits.us
Phone: 626.695.7018

To process this cancellation, the information below must be provided:

Your Name (Please Print) _____

Signature _____ Date _____

Company Name _____

Telephone Number _____ 1st 5 digits of SSN _____

Note: If you remit premium via payroll deduction, it can take at least 2 payroll periods to stop deduction.