AUBURN UNIVERSITY

Supplemental Insurance Cancellation Form

Name: _____________________________________

Banner ID #: ______________________________

Effective: ___________________ please cancel the insurance marked below:

   (Date)

☐ AFLAC
☐ Colonial Life
☐ Colonial LTD
☐ Colonial Cancer *
☐ Colonial Cancer Level I *
☐ Colonial Cancer Level II *
☐ UNUM
☐ Mass Mutual

Signature: _________________________________

Date: _________________________________

* Colonial Cancer can only be cancelled during open enrollment in November of each year to become effective January 1st.