



REQUEST TO CANCEL AFLAC NEW YORK POLICY(IES)

I, the undersigned Named Insured (hereinafter "Policyholder"), do hereby request immediate cancellation of my Aflac New York policy(ies) described below and any coverage(s) thereunder. I understand that the effective date of cancellation of my existing policy(ies) and coverage(s) will be the date my written notification of cancellation is received by Aflac New York, subject to my employer's approval where required. I understand that it is my responsibility to notify my employer to stop premium deductions on the canceled policy(ies).

Printed Name of Policyholder: _____
Policyholder's Signature: _____
Date of Signature: _____
Policyholder's Social Security No. : _____

	Policy No.	Coverage Type
Aflac New York coverage to be canceled: (List policy number and type of coverage for each policy to be canceled.)	_____	_____
	_____	_____
	_____	_____

TO THE POLICYHOLDER:

If your Aflac New York premiums are being deducted from your paycheck on an **after-tax** basis, you may generally cancel your Aflac New York policy at any time. Cancellation of a policy being paid for on a **pre-tax** basis through your employer's **cafeteria plan** is subject to your employer's review and generally requires your employer to confirm and approve that a **change in status** (see below) has occurred and that the change complies with the Internal Revenue Code. If your premium deduction is **pre-tax** and you would like to cancel, you must send Aflac New York written notification signed by both you and your employer.

TO THE EMPLOYER: IMPORTANT! READ BEFORE SIGNING!

Coverage modifications for **pre-tax** elections made under your **cafeteria plan** before the end of the current plan year must be made on account of and attributable to a **change in status** (i.e., marriage, divorce, birth, adoption, death, or change in employment status). The employer, as plan sponsor/administrator, bears sole responsibility for determining that a valid **change in status** has occurred. A plan sponsor/administrator that fails to follow the irrevocable election rules applicable to cafeteria plans could have its cafeteria plan determined to be invalid. Consequently, all employees could be taxed on the full value of all benefits available to them under the cafeteria plan. Furthermore, the plan sponsor could lose the FICA tax savings attributable to pre-tax cafeteria plan elections. **Aflac New York will follow your coverage change requests but has no responsibility to verify or ensure that any requested change is permissible under the Internal Revenue Code.** We recommend that you keep written documentation confirming that any changes to pre-tax elections were made pursuant to valid changes in family status as part of your permanent cafeteria plan file.

Employer's / Plan Administrator's Signature (authorizing cancellation) _____
Date

If you need our help or if you have any questions, please visit aflacny.com or call us toll-free at 1-800-366-3436. Our customer service representatives are here to assist you Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

American Family Life Assurance Company of New York
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