

PLEASE USE THIS FORM TO DELETE DEPENDENTS. IF THIS COVERAGE IS PART OF A SECTION 125 FLEXIBLE BENEFIT PLAN, PLEASE REFER TO YOUR PLAN DOCUMENT BEFORE MAKING ANY CHANGES.



A member of the American Fidelity Group

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PHONE 800-437-1011  
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[www.AFAdvantage.com](http://www.AFAdvantage.com)

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

REQUESTED EFFECTIVE DATE \_\_\_\_\_

### DELETE DEPENDENTS

Please check the box below of the Dependent to be deleted.

- All
- Spouse      Spouse Name: \_\_\_\_\_
- Child(ren)      Child(ren) Name: \_\_\_\_\_

Will other children still be covered?  Yes  No

Please check the coverage that you are requesting to be changed. (Check all that apply.)

- Cancer
- GAP
- Critical Illness
- Hospital Indemnity
- Accident Only

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name

FOR HOME OFFICE USE ONLY – The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company, Oklahoma City, Oklahoma.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By