



210 South Main Street
Post Office Box 7200
Lancaster, SC 29721-7200

Telephone: 877-378-1505
Facsimile: 803-313-5250

VOLUNTARY BENEFITS CANCELLATION REQUEST

EMPLOYEE: Please complete the information below and submit this form to your Payroll/Human Resources Department to terminate payroll deductions and cancel the policy(ies) indicated below.

Employer Name _____

Printed Name of Employee _____

Name of Insured (if different) _____

Current Address _____

_____ *City* _____ *State* _____ *ZIP*

Employee Social Security Number _____

Payroll Location _____

Policy Number(s) _____

_____ Date

_____ Signature of Employee

When completed, provide a copy of this form to your Payroll/Human Resources Department, and fax or mail to:

KMG America
Policy Administration Department
210 South White Street; PO Box 7200
Lancaster, SC 29721-7200
Telephone: 877-378-1505; Facsimile: 803-313-5250

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