

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
VOLUNTARY SUPPLEMENTAL INSURANCES
CANCELLATION FORM**

Please Print			
Personnel Number	Last Name	First Name	M. I.
Telephone Number	Email Address		

Please check all that apply:

CURRENTLY CONTRACTED COMPANIES:

AFLAC: Accident ☐ Cancer ☐ Critical Illness ☐ Disability ☐ Hospital ☐ Life ☐	Combined Insurance: Accident ☐ Life ☐ Critical Illness ☐ U.S. LEGAL SERVICES ☐
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PREVIOUSLY CONTRACTED COMPANIES:

Allstate Cancer ☐ Allstate Hospital ☐ Allstate Life ☐	Legal Shield/Pre-Paid Legal ☐ BMG Money ☐ Texas Group Life ☐	
Colonial Life ☐ Colonial Cancer ☐ Colonial Hospital ☐ Colonial Post-Tax ☐	Washington National Cancer ☐ Washington National Critical Illness ☐ Washington National Accident ☐ Washington National Life ☐	
Provident Life ☐	Travelers/Metlife ☐	Teachers Financial ☐
☐ OTHER _____		

AFTER COMPLETING THE FORM, PLEASE RETURN TO:

The Benefits Department
 7770 W. Oakland Park Blvd.
 Sunrise, FL 33351
 Tel.: 754-321-3100 Fax: 754-321-3140
benefits@browardschools.com