



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

*Kanawha Insurance Company is a subsidiary of KMG America Corporation.*