



Phone: (800) 225-3859
Fax: (847) 615-4943
Hours: Monday – Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@ulaflac.com
Website: www.Aflacgroupinsurance.com

REMOVAL OF BENEFIT RIDERS

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: (_____) _____

Please remove the following (check all that apply):

- Waiver of Premium
- Accidental Death Benefit
- Children's Term Insurance Rider
- Convalescent Care Benefit Rider
- Other, please specify _____

I (we) request that all transactions marked above be completed by Aflac and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Aflac.

Dated at _____ this _____ day of _____, 20 _____
City and State

Name of Current Owner(s): _____

Signature of Current Owner(s): _____

Underwritten by Trustmark Insurance Company
Trustmark Life Insurance Company of New York