

AUBURN UNIVERSITY

Supplemental Insurance Cancellation Form

Name: _____

Banner ID #: _____

Effective: _____ please cancel the insurance marked below:
(Date)

☐ AFLAC

☐ Colonial Life

☐ Colonial LTD

☐ Colonial Cancer *

☐ Colonial Cancer Level I *

☐ Colonial Cancer Level II *

☐ UNUM

☐ Mass Mutual

Signature: _____

Date: _____

* Colonial Cancer can only be cancelled during open enrollment in November of each year to become effective January 1st.