

**NOTIFICATION OF
CANCELLATION**

Fidelity Life Association
Administrative Offices
P.O. Box 506
Keene, New Hampshire 03431



Employer Group Name:

EMPLOYEE NAME, ADDRESS & PHONE		
<i>Name</i>		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i> () -		
<i>EMPLOYEE SSN: (MINIMUM LAST 4)</i>		

Indicate **only** those certificate numbers to which this cancellation applies:

Cancel **only** the certificates shown at left.

<i>Certificate #'s</i>	<i>Insured's Name</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature _____ **Date** _____

SPOUSE MUST SIGN CANCELLATION FORM IF RESIDENT OF COMMUNITY PROPERTY STATE
AZ; CA; ID; LA; NV; NM; TX; WA; WI

Spouse Signature _____ **Date** _____