



CANCELLATION REQUEST

To: HumanaOne  
Attn: Enrollement  
Via Facsimile  
(800) 626-4601

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Re: Policy No: \_\_\_\_\_

To Whom It May Concern:

Please cancel the above referenced policy effective \_\_\_\_\_.  
(DATE)

If you have any questions, please contact me at the address listed above or call me at:

\_\_\_\_\_.

Signed,

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME PRINTED)