

School District Transfer Form

Customer Information

Customer Number: _____

Customer Name: _____

Phone Number: _____

SSN: _____

Previous Employer Information

MCP Name: _____

MCP Number: _____

Last Deduction Date: _____

New Employer Information

MCP Name: _____

MCP Number: _____

Effective Date of Transfer: _____

First Deduction Date: _____

Number of Deductions: _____

Would you like to continue all of your coverage with American Fidelity?

Yes No

If no, please specify the coverage you would like to continue.



Our Family, Dedicated To Yours.®

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