



REQUEST FOR CANCELLATION FORM

Please Note: All requests for cancellations must be submitted 30 days prior to requested cancellation date.

Policy Name: _____

Policy Number: _____

Requested Cancellation Date: _____

Cancel: Entire Policy Specific Members (*list members to be termed directly below*)

Members to be Termed (include name and ID number):

Reason for Cancellation:

- Rates
- Service (please explain): _____
- Network (please explain): _____
- Benefits (please explain): _____
- 10-day Free Look Period
- Other (please explain): _____

New Carrier (if applicable): _____

Signature of Main Subscriber

Date

Fax Cancellation Request Forms to: 866-294-4301