



CANCELLATION OF COVERAGE

RE: Cancellation of Policy # _____

I _____, hereby cancel my coverage under
Member's Name

Policy # _____ effective _____ at 12:01 a.m. for the following reason(s):
Date

New insurer: _____

Please send me an offer for an Extended Reporting Period ("tail coverage")
Endorsement (if eligible).

Important Notices

- If the canceling member is insured under a group policy, unearned premium will be returned to the group.
- Return premium may be subject to a short rate penalty if cancellation is during the policy period.
- Cancellation will be effective the date we receive your request. You may request an earlier cancellation date by providing proof of replacement coverage.
- Cancellation of your coverage also terminates your participation in the Tribute Plan.
- By signing below, the member or administrator acknowledges that he or she:
 - ◆ Is authorized to cancel this coverage, and
 - ◆ Understands that the request to cancel coverage is binding on both you and us.

Signature of member

Signature of group administrator
(if leaving a group policy)

Print or type name

Print or type name

Date

Date

Permanent or New Address:

