



**CANCELLATION OF COVERAGE REQUEST  
seCUREme GROUP STOP LOSS INSURANCE**

**1) INSTRUCTIONS**

Complete this form in full and return to Health Risk Services in order to terminate seCUREme Group Stop Loss Insurance Coverage. Please note that all seCUREme plans are in effect for a minimum term of twelve (12) months.

Thirty (30) days' notice is required in order to terminate any seCUREme group plan.

**2) PLAN SPONSOR INFORMATION**

Company Name (Applicant):			
Address:			
City:	Province:	Postal Code:	
Contact Name/Position:	Phone	Fax:	Email:
Authorized Signature:			

**3) TERMINATION INFORMATION**

Reason for Termination:
Effective Date of Termination: <span style="float:right;">DD/MM/YYYY</span>

**4) BROKER / AGENCY INFORMATION**

Company Name:		
Address:		
City:	Province:	Postal Code:
Contact Name/Position:	Phone:	
Fax:	Email:	

**5) AGENT DECLARATION**

Authorized Signature:	Date (MM/DD/YYYY):
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seCUREme is a wholly owned division of Health Risk Services Inc.



seCUREme Catastrophic is underwritten by Ahahita Insurance secure and comprehensive insurance underwriters for corporate and personal products.



**Health Risk  
Services Inc.**  
"Providing Innovative Benefits Solutions"