

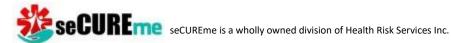
## CANCELLATION OF COVERAGE REQUEST seCUREme GROUP STOP LOSS INSURANCE

## **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: DD/MM/YYYY				
4) BROKER / AGENCY INFORMATION				
Company Name:				
Address:				
City:	Province:		Postal Code:	
Contact Name/Position:		Phone:	Phone:	
Fax:		Email:	Email:	
5) AGENT DECLARATION				
Authorized Signature:		Date (MM/DD/YYYY):		



**ANAHITA** 

INSURANCE



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

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