

# TERMINATION REQUEST

Your coverage will be cancelled retroactively if the cancellation notice is received within 31 days of the effective date of your new group insurance policy. After the 31-day period, your coverage will terminate upon receipt of your written cancellation notice.

## MAIN INSURED

Name:

Identification No.:

Policy No.: 48C00

## TERMINATION OF COVERAGE

REASON FOR TERMINATION:

NEW INSURER'S NAME:

NEW POLICY NO. (OR EMPLOYER'S NAME):

EFFECTIVE DATE:

## TERMINATION OF COVERAGE FOR DEPENDENTS

## DEPENDENTS

First name	Last name	Relation to insured	Reason for termination	Termination date (yyyy-mm-dd)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, sign and return by email to [cpa@vigilis.ca](mailto:cpa@vigilis.ca)