



OrbitProtect International Student Insurance Termination Instruction

I, _____, wish to terminate my **OrbitProtect International Student** insurance plan from ___ / ___ / ____ <day/month/year>

My date of birth is ___ / ___ / ____ <day/ month/ year>

My Certificate of Insurance number is _____

I am studying at _____

Reason for termination:

<input type="checkbox"/>	<p>I need to terminate this insurance as the place of learning I attend at will not accept an alternative insurance plan because of a time restriction this year.</p> <p>Please indicate your feelings on the matter</p> <p><input type="checkbox"/> I am NOT happy with this restriction</p> <p><input type="checkbox"/> I am comfortable with this restriction</p>
<input type="checkbox"/>	<p>I need to terminate this insurance as the place of learning I attend at only accept one insurance plan, which is not <i>OrbitProtect</i>.</p> <p>Please indicate your feelings on the matter</p> <p><input type="checkbox"/> I am NOT happy with this restriction</p> <p><input type="checkbox"/> I am comfortable with this restriction</p>
<input type="checkbox"/>	<p>Other, please specify:</p> <hr/>

Insured/Guardian's Signature _____

Insured/Guardian's Name _____ (Please print)

Date: ___ / ___ / ____

Please return this completed form to service@orbitprotect.com