

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | 604 419-2200 or 1 800 USE-BLUE | Fax: 604 419-2199 | inhealth@pac.bluecross.ca**Carefully Consider The Following**

- Premiums will be stopped on the next billing date after we receive your notification.

i FOR PERSONAL HEALTH AND DENTAL

- You or your dependants may not qualify for new insurance coverage for a period of 24 months.
- You may terminate your contract on the first day of any month provided the minimal enrolment period of your contract has been satisfied. Please allow sufficient time for mailing purposes if you are using a postal service to send your notice to our office.
- Any expenses you have after your termination date will not be considered for reimbursement.

i FOR INDIVIDUAL CRITICAL ILLNESS

- You may reinstate your policy after it has been cancelled. You will be required to provide medical evidence should you wish to reinstate your policy after 30 days of cancellation. Please review the Reinstatement section in your Critical Illness Policy before cancelling.

PART 1 — POLICY HOLDER'S INFORMATION

ID number

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last name	First name		
Street address		City	Province	Postal code
Daytime phone		Email address		

PART 2 — CANCEL POLICY

Policy Number	Type of policy <input type="checkbox"/> Personal Health and/or Dental <input type="checkbox"/> Individual Critical Illness	Please cancel my policy as of (mm/dd/yyyy)
Reason for cancellation		

PART 3 — POLICY HOLDER'S SIGNATURE

Policy Holder's name

Policy Holder's signature (or parent/guardian) X	Date (mm-dd-yyyy)
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Return completed form to:

Mail: Individual Plan
Pacific Blue Cross
PO Box 7000
Vancouver, BC V6B 4E1

Fax: 604 419-2199

Email: inhealth@pac.bluecross.ca