

CANCELLATION FORM

Programme Koala

Insurance for childcare services for 9 children or less

Last name, first name : _____

Childcare address: _____ City : _____

Postal code: _____



Phone number : _____



Email : _____

Coordinating Office (CO) :

REASON FOR CANCELLATION OF THE INSURANCE CONTRACT

- | | |
|--|---|
| <input type="checkbox"/> Insured with another insurance company | <input type="checkbox"/> Revocation
<i>Specify :</i> _____ |
| <input type="checkbox"/> Career change | <input type="checkbox"/> Suspension of recognition
<i>Specify:</i> _____ |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Others
<i>Specify:</i> _____ |
| <input type="checkbox"/> Death - <i>attach a copy of the death certificate</i> | |
| <input type="checkbox"/> Became private childcare | |
| <input type="checkbox"/> Maternity leave | |
| <input type="checkbox"/> Illness / health problems | |

Please note that you will have to contact us again in the event your childcare service reopens.

Do you have a claim being processed? Yes No

PLEASE NOTE THAT :

- ✓ The insurance cancellation will become effective as of the date requested below.
- ✓ If the requested cancellation date is dated more than 30 days, it will be effective on receipt of the signed document.

I request the complete termination of my policy CLIENT (beginning with #QC-, #09- or #16-)

#__ - _____, its endorsements, its renewals if applicable.

Signature

CANCELLATION DATE

Please complete, sign, and return this form to us by mail, email or fax.