



POLICY CANCELLATION REQUEST FORM

Policy Holder: _____

Policy Number: _____

Policy Reference: _____

This form constitutes my formal demand for cancellation of the above-captioned policy. This cancellation will be effective at the end of the next premium period, per MoonGate Group’s Cancellation Policy. Please be advised that I no longer authorize your company, FORTRESS Ltd. or MoonGate Group Ltd. to directly withdraw any future funds from any of my accounts, once all outstanding balances have been paid.

Reason for Cancellation: (this is for record-keeping purposes; tick all that apply)

Premium Benefits New Carrier Employer Coverage

Other (please explain) _____

Date: _____

Signature: _____

Printed Name: _____

(OFFICE USE ONLY)	
DATE RECEIVED: _____	RECEIVED BY: _____
INCEPTION DATE: _____	TERMINATION DATE: _____