

Section 1: Individual Cancellation Information

Please complete the following information for the individual/driver being cancelled.

Name(First, Last): _____

Social Security Number: _____

Please Note: A separate OccAcc Cancellation Request form must be used for each individual being cancelled.

Section 2: Requested Cancellation Option and Cancellation Date

Please indicate one of the three cancellation options listed and defined below.

Option #1 - Cancel the above individual/driver on the **1st Day** of the month in which this individual/driver is requesting to cancel.

Example: If January is the month the individual/driver is being cancelled, the cancellation date will be 01/01/yyyy.

(If Option #1 is selected **No Payment is Needed** for the month in which this individual/driver is requesting to cancel.)

Option #2 - Cancel the above individual/driver between the **2nd** and the **Last Day** of the month.

Example: If 01/06/yyyy is the requested expiration date, the cancellation date will be 01/06/yyyy.

(If Option #2 is selected **A Full Month's Payment Must Be Made!**)

Option #3 - Cancel the above individual/driver **Flat**. A Flat Cancellation is made on the same date and time as the effective date.

Example: If John Doe's effective date is 01/03/yyyy at 9:00 am CST, the cancellation date will be 01/03/yyyy at 9:00 am CST.

Be advised that when cancelled Flat all benefits, including coverage, were never activated for the above individual/driver.

(If Option #3 is selected **No Payment is Needed** for the month in which this individual/driver is requesting to cancel flat.)

Requested Cancellation Date: _____ (In regards to the above option selected)

Please Note: The OccAcc Cancellation Request form must be submitted to the OccAcc Insurance Administrators no later than 10 days after the requested cancellation date. Exceptions are at the discretion of the OccAcc Insurance Administrators and must have written authorization.

Section 3: Company/Individual Requesting Cancellation

Please complete the following information for the Company/Individual requesting cancellation.

Company/Individual: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

The above named Company/Individual herewith requests the cancellation of the above individual/driver.

✓ **Signature:** _____ **Date:** _____

Additional Notes: _____

Confirmation Section: For Administration Office Only!

OccAcc Insurance Administrators hereby confirms cancellation of coverage effective, _____

By: _____

✓ **Signature:** _____ **Date:** _____

Additional Notes: _____

Cancellation Credit Information:

If Option #1 or Option #3 has been selected, and a payment has already been sent to the OccAcc Insurance Administrators, a credit will be issued to the billing party or a refund check will be mailed.

If Option #2 has been selected, and the payment is not received by the OccAcc Insurance Administrators, the effective date of cancellation will default to the first of the month in which this individual is requesting to cancel.

Please review your confirmation. If it is not correct you must contact us immediately at 1-800-716-2559.