



INF- Cancellation of Coverage Form

Please complete this form ONLY if you are requesting Cancellation of Coverage before the start date of your plan. Cancellation must be submitted **24 hours** before the plan start date. There are **no** exceptions to this policy. Initial INF membership fee of \$10 and \$5 administration fee is non-refundable You may fax the completed forms to 408-520-4967 or email to support@infplans.com. Incomplete forms or forms without an authorized signature will not be processed

Please note the following:

- Partial cancellation is not permitted. If the named insured or any dependent cancels, the entire plan is cancelled for all persons.
- If multiple plans (ie plan numbers) are present in the same household, each must be cancelled separately. This situation may occur when one person is above age 70 and another is below age 70. A separate cancellation form, completed, with a separate cancellation fee, is required for each.

A \$25 Fee is required to process the form.

Information about the Insured and Dependents (if applicable)

Last Name	First Name	DOB (mm/dd/yyyy)	Plan ID #	Plan Start Date <small>(Cancellation must be received 24 hours before this date)</small>

Home Address: _____ City: _____
State/Province: _____ Zip Code / PIN Code / Postal Code: _____ Country: _____

Billing Address: _____ City: _____
State/Province: _____ Zip Code / PIN Code / Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Reliable E-mail: _____

I hereby request to cancel the coverage issued by INF to the above insured and credit the premium amount to my credit card on file with INF. I authorize INF to charge \$25 toward Cancellation administration fee.

Credit Card: _____ Expiration Date: _____ VCode: _____

Reason for Cancellation: _____

Signature of Member: _____ Date: _____

OFFICE PURPOSE

Date Received: _____ Months Eligible: _____ Date Cancellation Processed: _____

Amount Refunded: _____ Processed By _____ Checked By _____