GlobalFusion℠

CANCELLATION AND MONEY BACK REQUEST FORM

Send by one of the following secure methods:
Secure Message Center: www.imglobal.com/secure-message-center **Encrypted Email:** info@imglobaleurope.co.uk
Fax: +44.1737.860.600 **Mail:** International Medical Group®, Kingsgate, High Street, Redhill, Surrey RH1 1SH, UK
For additional inquiries, contact IMG at +44.1737.306.710

PRIMARY INSURED INFORMATION		
First Name:	Middle Name:	Last Name:
Certificate Number(s):		
Reason for cancellation:		
Date: ___/___/___ *(DD/MM/YYYY)*		

PLEASE TICK ONE:

○ For Those Insureds Cancelling During FIrst 30 Days of Cover

I hereby confirm that, after reading through the Policy Wording and after checking the details on my Certificate of Insurance, the cover I have chosen does not meet with my requirements and I attest that I have not and will not make a claim under my Plan. I hereby give written instructions to you to retroactively cancel my Plan (as identified by the Certificate Number(s) stated above) and provide a refund to me under the 30 Day Money Back Guarantee.

I understand that upon your receipt of this signed form, The Policy Wording and the Certificate of Insurance, the premium I paid will be promptly refunded in full, provided no claim has been paid, and my Plan will be retroactive-ly cancelled from the original date of inception and will be void from the beginning.

☐ The Policy Wording is enclosed.

☐ The Certificate of Insurance is enclosed

Where I am signing on behalf of any other insured persons listed on the application form, I warrant and represent that I am authorised to retroactively cancel the Plan under the 30 Day Money Back Guarantee and accept the re-fund on their behalf, and it is with their full agreement and understanding that I do so.

○ For Those Insureds Cancelling After 30 Days of Cover

I hereby confirm that I wish to cancel the GlobalFusion Plan(s) as listed above and I hereby give written instructions to you in accordance with the Premium Refunds section in the policy wording:

> **15. Premium Refunds:**
> After the first 30 days of cover if You cancel Your Plan, subject to the Policy Terms and that no claims have been paid or are in progress, You will be eligible to receive a pro-rata refund of premium paid, based on the number of days cover remaining from the date We receive Your written cancellation request, less the applicable administration charge determined by Us at that time. We reserve the right to require You to execute a release of claims as a condition to granting such refund. Upon cancellation and refund, neither We nor You shall have any further rights, liabilities or obligations under this Plan.

I attest that I have not and will not make claims under the GlobalFusion Plan(s) as listed above and as such I will be refunded paid premium on a pro-rata basis less the applicable administration charge.

Where I am signing on behalf of any other insured persons listed on the application form, I warrant and represent that I am authorised to cancel the Plan(s) and it is with their full agreement and understanding that I do so.

For and on behalf of all insured persons,

Signature of Insured or Proxy *(Required)*	X_____
Date: ___/___/___ *(DD/MM/YYYY)*	Full Name:

INTERNAL OFFICE USE ONLY	ACTIONED BY	DATE ACTIONED
Date received By IMG	X_____	___/___/___ *(DD/MM/YYYY)*
No Claims Check By	X_____	___/___/___ *(DD/MM/YYYY)*
Voided By	X_____	___/___/___ *(DD/MM/YYYY)*
Date Refund Issued	X_____	___/___/___ *(DD/MM/YYYY)*