GlobalFusion℠

30 DAY MONEY BACK GUARANTEE
CANCELLATION REQUEST FORM

Name(s):

Certificate Number(s): _____

Reason for cancellation: _____

Date:_____

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 retroactively 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 refund on their behalf, and it is with their full agreement and understanding that I do so.

For and on behalf of all insured persons,

Signature:_____ Date: _____

Name: _____

Internal Office Use Only	Signed	Date
Date received By IMGE		
No Claims Check By		
Voided By		
Date Refund Issued		

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