

Name(s): _____

Certificate Number(s): _____

Reason for cancellation: _____

Date: _____

I hereby confirm that I wish to cancel the GlobalSelect Plans as listed above and I hereby give written instructions to you in accordance with the Premium Refunds section on page 23 of the policy wording:

15. Premium Refunds (page 23)

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 GlobalSelect 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: _____ 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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