



OrbitProtect Experience NZ Insurance Termination Instruction

I, _____, wish to terminate my **OrbitProtect Experience NZ** insurance plan from ___ / ___ / ____ <day/month/year>

My date of birth is ___ / ___ / ____ <day/ month/ year>

My Certificate of Insurance number is _____

Reason for termination:

<input type="checkbox"/>	I need to terminate this insurance as the place of learning I attend will not accept an alternative insurance plan because of a time restriction this year. Please indicate your feelings on the matter <input type="checkbox"/> I am NOT happy with this restriction <input type="checkbox"/> I am comfortable with this restriction
<input type="checkbox"/>	I need to terminate this insurance as the place of learning I attend only accept one insurance plan, which is not <i>OrbitProtect</i> . Please indicate your feelings on the matter <input type="checkbox"/> I am NOT happy with this restriction <input type="checkbox"/> I am comfortable with this restriction
<input type="checkbox"/>	Other, please specify: _____ _____

Insured/Guardian's Signature _____

Insured/Guardian's Name _____ (Please print)

Date: ___ / ___ / ____

Please return this completed form to service@orbitprotect.com