

Cancellation form

Programme Koala

Insurance for childcare services for 9 children or less

First name : _____ Last name : _____

Address : _____

City & Postal code : _____

Phone : _____ E-mail: _____

Coordinating office (CO) : _____

Reason for cancellation of the insurance contract

- | | |
|--|--|
| <input type="checkbox"/> Insured with another insurance company | <input type="checkbox"/> Revocation
<i>Specify</i> : _____ |
| <input type="checkbox"/> Career change | <input type="checkbox"/> Suspension of recognition
<i>Specify</i> : _____ |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Others
<i>Specify</i> : _____ |
| <input type="checkbox"/> Death – <i>attach a copy of the death certificate</i> | |
| <input type="checkbox"/> Became a private childcare | |
| <input type="checkbox"/> Maternity leave | |
| <input type="checkbox"/> Illness/health problems | |

Please note that you will have to contact us again in the event that your childcare service reopens

Do you have a claim being process? YES NO

PLEASE NOTE THAT :

- ✓ The insurance cancellation will become effective as of the date requested below;
- ✓ If the requested cancellation date is dated more than 30 days earlier, it will be effective on receipt of the signed document.

I request the complete cancellation of my certificate “customer no: 09-_____”, its endorsements, its renewals if applicable.

Signature

Cancellation date

PLEASE COMPLETE, PRINT AND SEND THIS FORM TO :

RCPECN
810, Bossé St, Baie-Comeau Qc G5C 1L6
OR by fax : 418-295-1467
OR by e-mail : assurances@rcpecn.com