

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

- Insured with another insurance company
- Career change
- Retirement
- Death - *attach a copy of the death certificate*
- Became a private childcare
- Maternity leave
- Illness/health problems

- Revocation
Specify : _____
- Suspension of recognition
Specify : _____
- Others
Specify : _____

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

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

Cancellation date : _____.

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.

Signature

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