



## 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<br><i>Specify :</i> _____                |
| <input type="checkbox"/> Career change   |  |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Suspension of recognition<br><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"/> Others<br><i>Specify:</i> _____                     |
| <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**

**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 – WITH SPECIMEN CHECK TO :**

**RCPECN**

810, Bossé St, Baie-Comeau Qc G5C 1L6

**OR by fax : 418-295-1467 - OR by e-mail : [assurances@rcpecn.com](mailto:assurances@rcpecn.com)**