



## 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*
- 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 your childcare service reopens*

Do you have a claim being processed?  YES  NO

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

**Effective cancellation date :** \_\_\_\_\_.

**PLEASE NOTE THAT :**

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PLEASE COMPLETE, PRINT AND SEND THIS FORM TO :

RCPECN

810, Bossé St, #201, Baie-Comeau Qc G5C 1L6

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