



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.

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 – **WITH SPECIMEN CHECK** TO :

RCPECN

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

OR by fax : 418-295-1467 - OR by e-mail : assurances@rcpecn.com