

OrbitProtect Parent Boost Insurance Termination Instruction

I, _____, wish to terminate my **OrbitProtect Parent Boost** insurance plan
from ____ / ____ / ____ <day/month/year>

My date of birth is ____ / ____ / ____ <day/month/year>

My Certificate of Insurance number is _____

Reason for termination

I do not hold a Parent Boost Visitor Visa

I am returning home early

Other, please specify: _____

Insured Signature _____

Insured Name _____

Date ____ / ____ / ____ <day/month/year>

Please return this completed form to **service@orbitprotect.com**