Orbit Protect
Travel Insurance while in New Zealand

OrbitProtect Experience NZ Insurance
Termination Instruction

I, _____ , would like to terminate my **OrbitProtect Experience NZ** insurance plan from ____ /____/_____ <day/month/year>

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

My Certificate of Insurance number is _____

Reason for termination

- ☐ I will no longer be coming to New Zealand
- ☐ I am returning home early
- ☐ Other, please specify: _____

Insured / Guardian's Signature _____

Insured / Guardian's Name _____

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

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