Orbit Protect
Travel Insurance
while in New Zealand

OrbitProtect International Student Insurance
Termination Instruction

I, _____ , would like to terminate my **OrbitProtect International Student** insurance plan from ___/ ___/ <day/month/year>

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

My Certificate of Insurance number is _____

I am studying at _____

Reason for termination

- ☐ I must terminate this insurance as it is not accepted by my place of study
- ☐ 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**