Orbit Protect
Travel Insurance
while in New Zealand

OrbitProtect Working Holiday Insurance
Termination Instruction

I, _____ , wish to terminate my **OrbitProtect Working Holiday** 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 Working Holiday Visa

☐ Other, please specify: _____

Insured Signature _____

Insured Name _____

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

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