

Cancellation Request (fillable form below)

Member's Name: _____

Member's ID Number: _____ Last 4 of Social Security No.: _____

Member's Address: _____

City: _____ State: _____ Zip: _____

Member's Telephone: (____) _____ - _____

Reason for Cancellation: _____

Name of Plan: _____

Name of Association: _____

Type of Benefit/Coverage: _____

Name of Agent/Representative: _____

I confirm that I wish to cancel the above listed membership. I acknowledge that this will have cancelled all accident medical coverage's that were available to me and any eligible family members.

X _____ /_____/_____
Signature of Member Date

Effective date of cancellation will be determined as defined by our membership terms and conditions cancellation procedure.

This form can be sent via:

Fax to: **800-471-7996** or **480-596-6518**

Email to: **cancel@generalagentcenter.com**

Mail to:

**Administrative Offices
8700 E. Vista Bonita Drive, #174
Scottsdale, AZ 85255**

800-366-2467