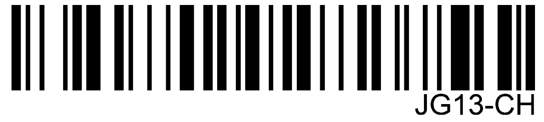
Chambers of Commerce
Group Insurance Plan®



REQUEST TO TERMINATE FIRM COVERAGE

Firm Information

Firm Name ______________________________ Firm # ______________

Termination Request Date ______________________________
YYYY/MM/DD

Reason for Termination ______________________________

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The Member Firm may terminate its coverage "as of" the first of any month, as per the Master Contracts and your Administration and Claims Guide. The Plan Administrator must be notified in writing of the Member Firm's intent to terminate coverage at least 30 days prior to the requested date of termination.

Authorization (MUST BE SIGNED BY THE OWNER/AUTHORIZED OFFICIAL)

____
Authorized Official Signature

____
Please print your name and title

____
Date YYYY/MM/DD

Please fax this form to our office at (204) 774-6698 or 1-800-457-8410 or mail to:
Chambers of Commerce Group Insurance Plan
582 King Edward Street
Winnipeg, Manitoba R3H 0P1
Email: chambers@johnstongroup.ca

Desjardins Insurance, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.
Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company