

TERMINATION REQUEST OF HEALTHCARE INSURANCE

Policyholder name:

Policy No.:

Request to terminate healthcare insurance for:

- ☐ All Insured persons of this policy
☐ Insured person (including member no.)

1.
2.
3.
4.
5.

Termination date (*):

.....

Beneficiary name (in case a refund is available):

.....

Bank account:

.....

Beneficiary bank name:

.....

Branch:

If designating an Account Holder's Name other than the Insured's account, please specify the reason.....

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Importance note:

The termination date written on the endorsement is based on:

- (a) The termination date (*) is filled in this request, OR
(b) The date when Pacific Cross Viet Nam receives this request, whichever is later.
The termination date is one of the facts for calculating a refund (if eligible).

Policyholder
(Sign and write your full name)

Date (dd/mm/yyyy)