



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:

<input type="checkbox"/>	I do not hold a Working Holiday visa
<input type="checkbox"/>	Other, please specify: _____

Insured Signature _____

Insured Name _____ (Please print)

Date: ___ / ___ / ____

Please return this completed form to service@orbitprotect.com