PETERSEN
INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard Second Floor, Valencia, CA 91355
(800) 345-8816 • Fax 661.254.0604 • Cancellation@piu.org

Short Term Medical Cancellation Request

Please complete the following cancellation request and return it to our office by fax or email. Cancellation requests must be received by Petersen International Underwriters at least three business days prior to the next scheduled installment in order to stop the coverage. Cancellation requests for retroactive cancellation will not be honored.

Name of Policy Owner: _____

Address of Policy Owner: _____

City_____ State _____ Zip Code _____

Phone Number: _____ Email Address: _____

Certificate Number: _____

Cancellation Date: ❑ Inception of Policy (10 Day Free Look)

❑ Date of Upcoming Payment

Reason For Cancellation: _____

_____

Disclosure

1. I understand that there is no refund of premiums paid thus far. ***(except as defined by the free look provision)***
2. I understand that cancellation of a partial month will not result in a premium refund.
3. I have given consideration for keeping the coverage, but still request the cancellation.
4. I have informed the Insured, if different from the Policy Owner, that this coverage is being cancelled.

Signature of Policy Owner: _____ Date: _____