



# Cancellation Form

Primary Member's First Name:	Primary Member's Last Name:
Email:	
Member ID Number:	Primary Member's Date of Birth:
Date of Cancellation:	
Reason for Cancellation:	

## CANCELLATION POLICY

Cancellations must be received at least 5 business days prior to the next premium draft date to avoid premiums being withdrawn for the following month. There are no retroactive cancellations or refunds.

Please return completed form to: [customerservice@sniprotect.com](mailto:customerservice@sniprotect.com)

Signature \_\_\_\_\_

Date \_\_\_\_\_