



Student Protect Cancellation Form

The Insured Person may complete the information below and submit a request for cancellation of this insurance. In the event no claims have been filed, the premium attributable to any unused days of insurance and this insurance has been in effect for less than 60 days, beginning on the date we receive this Request for Cancellation form and ending on the last day of the period for which premiums have been paid, will be refunded to the Insured Person, after deduction of an administrative fee of \$25.00. If this Request for Cancellation is received after the insurance has been in effect for 60 days or if claims have been filed, no refund is available.

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| PART A. Insured Person Information | | |
| Full Name: (As it appears on ID card) | Date of Birth: (mm/dd/yyyy) | Gender: Male Female |
| ID Number (found on ID card): | Passport/Visa Number: | |
| Email Address: | Telephone Number: | |
| Complete address where refund may be sent: | | |
| PART B. Cancellation Date | | |
| Requested Cancellation Date: If granted, insurance will terminate at 11:59pm Local Standard Time (location of Insured Person) on the date requested above. | | |
| PART C. Cancellation Request | | |
| I, the Insured Person, request cancellation of this insurance as of the Requested Cancellation Date indicated above. If applicable, I hereby request discontinuation of any automatic payments and/or deductions. I hereby request refund of any unearned premium minus any administrative fees due. I understand the refund will be returned to me either via the credit card on file with PCU, or by check mailed to the above address. I hereby represent, warrant, acknowledge and agree that no claims of any type have been incurred, no claims have been submitted and no claims will be made or accepted under this insurance for any losses whatsoever and neither PCU, Underwriters or any agent or representative, nor the Insured Person shall have any further rights, alibiteis or obligations under this insurance. | | |
| Print Name of Insured: | | |
| Signature of Insured: | Date: | |

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Please email the completed form to: info@internationalstudentinsurance.com