



Student Defender Cancellation Form

PART A. Insured Person Information	
Full Name: (As it appears on ID card)	Date of Birth: (mm/dd/yyyy)
Certificate Number:	
Email Address:	Telephone Number:
PART B. Cancellation Date	
Requested Cancellation Date:	
PART C. Cancellation Request	
<p>I, the undersigned Insured Person, wish to cancel and terminate the above-referenced coverage on the date specified above. Please refund any unearned premium to the Insured Person via the credit card account on file, or by check if necessary to the above address.</p> <p>The undersigned Insured Person hereby represents, warrants, acknowledges and agrees that: (a) the Insured Person wishes to cancel the above-referenced coverage on the date specified above; and (b) your school, within 31 days of the plan's start date, does not accept the Student Defender policy benefits as meeting the school's minimum requirements for such insurance and denies your waiver request. Written proof from your school must be included that your school has denied your waiver request; or (c) you withdraw from school within 31 days of the plan's start date and you provide a copy of the school's written acknowledgment of your withdrawal. You would receive a pro-rated refund for the unused whole months; and (d) upon effectiveness of the cancellation, neither the insurance company, Administrative Concepts, Inc, agent, representative, nor the Insured Person shall have any further rights, liabilities or obligations under the Certificate of Insurance.</p> <p>Premium refund requests will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager. 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.</p> <p>Administrative Concepts, Inc reserves the right to report cancellation of coverage to the program sponsor, school and/or U.S. Department of State.</p>	
Print Name of Insured:	
Signature of Insured:	Date:

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