

POLICY CANCELLATION

Please check all details, then complete the relevant areas of the form and return it to:
BSP Health Care (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj



PLEASE READ THESE NOTES:

- The form must be signed by the Policy Owner or Broker.
- For TravelSafe policies: The Policy Certificate, your Passport and/or proof of the rejection of your visa must be submitted with this form. You will be able to apply for a cancellation of your policy if you have not travelled overseas within 28 days from the purchase date and if you notify BSP Health within this period.

Section A: Policy Details

Policy Number:

Policy Owner Name(s):

Section B: Reason for Cancellation

Deceased

Migration

Unemployed/Retiree

Product not required

Non-receipt of policy

Does not suit current needs

Financial commitment

Buying another policy

Other (please specify)

Section C: Refund

If refund is applicable, please provide Bank account details. (For TravelSafe policies the stamp duty component paid to FRCA is non-refundable)

Account Name

Account Number

Bank

Section D: Authorisation

Full Name:

Date:

Signature:

For Office Use Only

Checklist: Impress received stamp on the form.

Supporting documentation must be attached with the application.

Confirm that no claims have been lodged on the Policy.

For TravelSafe policies, there is no cancellation more than 28 days after purchase.

Action Taken:

Name

Signature

Date

Received by:

Authorised by: