



CANCELLATION ADMINISTRATION FORM

If you have any questions regarding the completion of this form, please call: 1-800-268-3763

Please send the completed form to:

Mail:
Manulife Financial
P.O. Box 4213, Stn A,
Toronto, ON M5W 5M3

Fax:
1-800-987-0627

PART A • POLICYHOLDER INFORMATION

MUST BE COMPLETED BY POLICYHOLDER:

Name : _____

Group: _____ Identification: _____

Please cancel plan effective: _____, _____
Month Year

PART B • Cancellation Type

Please cancel the above mention policy for the following reason:

Plan change Group Coverage through Employer/ Spouses Employer Leaving Country Other

Comments: _____

Policyholder's Signature: _____

Date: _____

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