

Illinois
Life and Health Insurance
Guaranty Association
P.O. Box 4198, Lisle, IL 60532
(773)714-8050 eFax (773)304-3559

CANCELLATION REQUEST FORM

Insured: _____

Policy Number: _____

Please cancel my policy.

Signed _____ **Date** ____/____/____

If this request for cancellation is signed by a personal or legal representative of the policyholder, complete the following information:

Representative's name: _____

Relationship to the policyholder: _____

Basis for representation (POA, Guardian, etc.) _____

Please attach copy of legal document if not already on file

