



DAY1 HEALTH POLICY NUMBER

[Empty box for policy number]

Attention: Day1 Health Membership Department
Dear Sir/Madam

TERMINATION OF DAY1 HEALTH MEDICAL INSURANCE

I, \_\_\_\_\_ (Policy Holder/Premium Payer)
hereby give 1 (one) calendar month notice to terminate my insurance policy with the above mentioned policy
number effective \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_.

Please send confirmation of termination to myself via the following channel/s (Please complete details):

Table with 5 columns: Email, Fax, Both, Yes, No

Reason for termination (Tick applicable box)

Table with 3 columns: Affordability, Moving to Medical Aid, Other (Please specify below)

[Empty box for reason specification]

[Empty box for reason specification]

Yours Faithfully,

(Signature of a Policy/Premium Payer)

(Payroll/ Witness's Signature)

(Place Signed)

(Date Signed)