



1991 Flatbush Avenue, 2nd Fl. • Brooklyn, NY 11234 • Tel. (718) 253-0077 • Fax (718) 253-0071 • Toll free (888) 253-0047

I, _____,
SS# _____, willfully would like to cancel my medical
insurance.

Name: _____

Signature: _____

Date: _____