

Request for Cancellation of Supplemental Insurance Policy  
Form

Employee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

Insurance Name: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_  
1. Policy Number: \_\_\_\_\_  
2. Policy Number: \_\_\_\_\_  
3. Policy Number: \_\_\_\_\_  
4. Policy Number: \_\_\_\_\_

Please can you cancel the above insurance policy(s) with immediate effect date of  
\_\_\_\_\_.

I will not hold Frio County accountable for I terminating this policy(s) effected immediately. I will solely be responsible for any further action with the policyholder and I.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
Treasurer Department

Date Completed: \_\_\_\_\_ by: \_\_\_\_\_