

## Group Cancellation Form

This form is to be completed by the Benefits Administrator. Please complete the form and submit to CoPower via E-mail at [copower.requests@amwins.com](mailto:copower.requests@amwins.com) or via fax at **650.348.1149 BEFORE** the effective date. Please check your plan contract for details on plan cancellation notification requirements. If information is not received as requested, CoPower cannot be held responsible for any processing delay or charges.

### Group Cancellation Information

Group Name: \_\_\_\_\_ CoPower ID Number: \_\_\_\_\_  
 Group Benefit Administrator: \_\_\_\_\_ Contact Phone Number: - -  
 Contact E-Mail: \_\_\_\_\_ Cancellation Effective Date: / /

#### Request to cancel the following (Check one):

- Dental  Vision  Life  Long Term Disability  Chiropractor/Acupuncture  ALL

### Changing Coverage

#### Change of Carrier Coverage

- Changed to Other Ancillary Carrier  
 Changed to Medical Carrier's ancillary plans  
 Changed to Ancillary Carrier Direct Name of Carrier: \_\_\_\_\_  
 Coverage No Longer Needed

### Reason for Cancellation / Changing Coverage (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Acquisition, Merger, or Company Sold | <input type="checkbox"/> Need Richer Benefits           |
| <input type="checkbox"/> Cutting Cost                         | <input type="checkbox"/> Prices/Rates                   |
| <input type="checkbox"/> Bankruptcy/Closure                   | <input type="checkbox"/> Administration Fee             |
| <input type="checkbox"/> Company Relocated Out of State       | <input type="checkbox"/> Member Out-Of-Pocket Cost High |
| <input type="checkbox"/> Downgraded Benefits to Lower Cost    | <input type="checkbox"/> CoPower Services               |
| <input type="checkbox"/> Change to Voluntary Plan             | <input type="checkbox"/> Plan Provider Network          |

### Benefit Administrator Signature

Signature: \_\_\_\_\_ Date: / /  
 Benefit Administrator Name: \_\_\_\_\_

### Survey

In our efforts to improve our service quality and meet the needs and expectations of our customers, we would greatly appreciate your feedback by completing this short survey:

<b>Service Review</b>	<b>Service Rating (1-10)</b> (10 = Highest Rating)
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- Would you consider doing business with CoPower in the future?  Yes  No  
 Did our service meet your expectations?  Yes  No  
 Would you recommend CoPower?  Yes  No  
 Any suggestions for improving our services? \_\_\_\_\_

**Thank you for your business. CoPower is pleased to have served you!**