



CANCELLATION REQUEST

To: Altius  
Attn: Enrollment  
Via Facsimile  
1 (801) 323-6100

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Re: Policy No: \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

Please cancel the above referenced policy/policies effective \_\_\_\_\_.  
(DATE)

If you have any questions, please contact me at the address listed above or call me at:

\_\_\_\_\_.

Signed,

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME PRINTED)