



Policy Number: \_\_\_\_\_

Attention: Day1 Health Membership Department

Dear Sir/Madam

**TERMINATION OF DAY1 HEALTH COVER**

I, \_\_\_\_\_ (Policy Holder/Premium Payer) with ID number \_\_\_\_\_ hereby give a 1 (one) calendar month notice to terminate my membership with Day1 Health Medical Insurance, effective from \_\_\_\_\_.

I will appreciate if my termination is accepted.

Yours Faithfully

\_\_\_\_\_  
(Signature of a Policy/Premium Payer)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Payroll/ Witness's signature)