

Hawaii
Life and Disability Insurance
Guaranty Association
1003 Bishop Street, Suite 2030, Honolulu, HI 96813
(808)749-4919
penntreatyaloha@hilifega.org

CANCELLATION REQUEST FORM

Insured: _____

Policy Number: _____

Please cancel my policy.

Signed _____ **Date** ____/____/____

If this request for cancellation is signed by a personal or legal representative of the policyholder, complete the following information:

Representative's name: _____

Relationship to the policyholder: _____

Basis for representation (POA, Guardian, etc.) _____

Please attach copy of legal document if not already on file