



**INDIVIDUAL HEALTH POLICY**

**TERMINATION INSTRUCTION LETTER**

To Bermuda Life Insurance Company Limited (the "Company")

By way of this letter I hereby instruct the Company to terminate my Individual Health Plan as at the date indicated below, and authorize the Company to do any and all actions that may be required so as to comply with these instructions.

<b>Policyholder Name:</b>	
<b>Group Number:</b>	
<b>Certificate Number:</b>	
<b>Termination Date:</b>	

**All premiums must be paid in full at the time of policy termination.**

If premiums remain outstanding, in accordance with Section 9.4 and 9.5 of your Individual Policy, the Company reserves the right to:

- (a) charge interest on outstanding premium balances,
- (b) send the debt to our legal representative to commence collection proceedings

In the event that legal fees are incurred in the collection of any and or all monies due pursuant to policy termination, the Policyholder agrees to be responsible for the payment of all legal fees and costs incurred by the Company in the collection of such monies.

By signing this document, I hereby agree to hold the Company, and its affiliates, heirs and successors however so named, as well as their officers, directors and employees harmless and waive them, their officers, directors and employees, from any possible liability, losses, fines, penalties or expenses (including defense costs such as reasonable attorney fees and expenses) they may incur arising solely as a result of any actions undertaken by them in accordance with these instructions and the terms of the Individual Health Plan.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_