

# Refusal of Coverage

Please complete this form if you, your spouse or any dependents are refusing/cancelling coverage of current policy. A copy will be retained, and the coverage will be deemed invalid; any further attempts to supply the prospective client with coverage will cease.

## Declining coverage for:

\_\_\_\_ Self \_\_\_\_ Spouse

## Reason for refusal:

\_\_\_\_ Price

- I certify that I was given multiple price options at point of sale (initials) \_\_\_\_\_

\_\_\_\_ Found a better offer

- I certify that I allowed the agent to offer the same/better offer then the proposal of competitor (initials) \_\_\_\_\_

\_\_\_\_ Coverage wasn't clearly explained at point of sale

\_\_\_\_ Other (Please explain)

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## The following statements must be read aloud to the client:

1. You are acknowledging that the coverage available has been fully explained to you regarding price, death benefit and any other features.
2. You are refusing any and all coverage offered at this time both to you, your spouse and any other dependent family members.
3. You agree to hold \_\_\_\_\_ and any of their contracted insurance carriers harmless in the case of a death of the proposed insured. No cash death benefit will be available in the case where no application was submitted due to client refusal. Claims cannot be made by the client and/or the client's immediate family or next of kin claiming death benefit proceeds.

By signing below, you agree to the terms above and refuse coverage presented to you;

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_