

Cancellation of
Lutheran Income Protection Plan Membership

I hereby cancel the Income Protection cover currently provided to me under the Lutheran Church of Australia policy of the **Lutheran Income Protection Plan**, and instruct that premium deductions for this insurance cease with effect from the date specified below.

I understand that:

- the cancelled cover will cease from the date specified below, and
- reinstatement of this cover will only occur subject to the terms and conditions (which will include the provision of current medical evidence) imposed by the insurer of the **Lutheran Income Protection Plan** at the time the reinstatement is requested; and

Signature:

Name (Print).....

Employer

Date:

NB : Business Office – Please email or post a copy of this completed form to:

Group Life Insurance Agencies, PO Box 61, Modbury North SA 5092.
admin@glia.net.au