



APPLICATION FOR RECISSION OF POLICY

Company Name _____ NAIC Co. Code: _____

Plan Type: ___ HMO ___ PPO ___ Major Medical

Other (please describe): _____

Name of Insured: _____

Policy owner if different: _____

Date Issued: _____

Was a complete underwriting process done? ___ Yes ___ No

*If yes, please describe the documentation used to evaluate the application

Please provide the reason for the request to rescind the policy:

Was there fraudulent misrepresentation? ___ Yes ___ No

*If yes, was it reported to the Delaware Department of Insurance?

Was there intentional misrepresentation? ___ Yes ___ No

*If yes, please explain how this determination was made.

How is misrepresentation material to the issuance of the policy?

Please provide documentation to support the company's position, including a copy of the notification of intent sent to the insured or the insured's representative.

Person requesting the rescission: _____

Date of request: _____