

**CYPRESS DENTAL ADMINISTRATORS
ALWAYS DENTAL INSURANCE CANCELLATION FORM**

Instructions: Please mail cancellation form to
Cypress Dental Administrators, 7510 Shoreline Drive, Suite A-1
Stockton, CA 95219 or fax to 209-478-5614

Subscriber Name: _____

Subscriber ID # (optional): _____

Address:

Street _____
City _____
State _____
Zip _____
Phone # _____

Effective Date: _____

(Limited to the 1st of the month following the date request is received or thereafter)

Please cancel the dental insurance policy for the following:

Self Only

Spouse Only

Child(ren) Only Name(s): _____

Family

Signature: _____

Date: _____

Note: Any refund for unused premium for ACH paying subscribers will be sent via check to the subscriber's address on file within 30 business days.
Any refund for unused premium for credit card paying subscribers will be sent via a refund to the credit card on file within 30 business days.