

Planholder	<i>Please Print</i> The PLAN Contract Number: _____
<hr/> <div style="display: flex; justify-content: space-between;"> Surname Given Name Self-employed Corporation </div> <hr/> <div style="display: flex; justify-content: space-between;"> (If Incorporated, Name of Corporation) Administrator's Name Title </div> <hr/> Address (Street, City, Province, Postal Code)	

Individual/Employee	<i>Please Print</i>
<hr/> <div style="display: flex; justify-content: space-between;"> Surname Given Name Male Female </div> <hr/> Address (Street, City, Province, Postal Code)	

Administrator The PLAN Ontario Private Health Plan Inc. P.O. Box 133, Station "A" Etobicoke, Ontario M9C 4V2		
Dear Sirs:		
I hereby acknowledge that I have been offered participation in The PLAN but have declined the offer.		
Signature	Date	Witness Signature
_____	_____	_____