

Request To Decrease Coverage (Aggregate Policy Limit)

**To: Fok's Insurance Agency
Unit 25 – 145 Royal Crest Court
Markham, ON. L3R 9Z4**

Fax No.: 905-480-9939

Date: _____

Re: Medical & Hospital Insurance Policy No. _____

Insured for _____

Please decrease the insurance coverage (Aggregate Policy Limit) of the above insurance from \$ _____ to \$ _____ effective from _____, 2007.

Thank you!

Yours truly,

Signature: _____

Please print name: _____

Sponsor of the Insured