

Karen Weldin Stewart, CIR-ML
Commissioner

Delaware Department of Insurance



Application for Rescission 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.

Person requesting the rescission: _____ Date of Request: _____