



Discovery: Cancellation of Vitality

Date: _____

Member Initials & Surname: _____

Employer Name: _____

Membership Number: _____

Identity Number: _____

I hereby request to cancel my VITALITY membership effective: 30 / _____ / 202

I am fully aware that Discovery requires a 30 day's calendar notification for my cancellation.

Regards,

Signature of principle member

Date