

## **Medical Cancellation Request Procedure**

The Medical Cancellation Form is a request for Cancellation. Please complete the top section of the form yourself and have your physician complete the remaining section. Include a check, money order, or credit/debit card number to cover the \$39 administrative processing as noted on the form.

Please mail the form back to:

***BAC/RAC for Women Customer Service***

***3157 Eggert Road***

***Tonawanda, NY 14150***

Based on the information provided by your doctor, we will determine whether or not your request meets the terms of cancellation per your membership agreement. If not, your membership time will be frozen and your payments will continue. You will receive the frozen time at the end of your current term or if you are in “rollover” status when you are ready to resume your membership.

You will be notified within two weeks of receipt of your request whether or not your membership will be cancelled or frozen.

