

Customer Insurance Authorization - **Decline Coverage**

Creditor: Daniel's Jewelers; Agent License Number: 0F23531

Please complete ALL spaces, including dates

Customer Account Number: _____

(write Daniel's Jewelers account number in the space above)

Primary Borrower, called you: _____

(write borrower name in space above, or leave blank)

Address (write customer's mailing address in the spaces below):

Street Address: _____

City, State and Zip Code: _____

Your signature below indicates that you have NOT enrolled in any of the available insurance Programs and decline all coverage benefits that have been offered. If you previously Enrolled in one of the available programs, your signature below requests cancellation of that enrollment.

Primary Borrower: _____ **Date:** _____

Associate Number: _____ **Associate Name:** _____

Instructions: Completed and signed original sent to SMC with daily work;
customer receives duplicate copy or FAX machine copy of signed form. SMC Version 08/1/2014
(updated as of 08/1/2014; Customer Insurance Enrollment Form-Declined Single 20140801v2.doc)