

Cancellation Policy



I understand that this is a 12-month contract that will renew annually upon my benefit anniversary date unless there is a qualifying event (proof required).

I understand that if I choose to cancel coverage upon the expiration of my policy, I must provide a written notice of termination 30-days prior to the anniversary date by fax to (601) 956-3795 or email individualchanges@morganwhite.com.

I understand that I will not be able to re-apply for coverage for 12 months.

Close

731-207-0597

www.AmickInsurance.net
elizabeth@amickinsurance.net

Amick Insurance
Elizabeth A. Amick
731-207-0597

elizabeth@amickinsurance.net

Selected Plan(s)

Superior Advantage

PPO

Effective Date: 5/1/2020

Monthly Cost \$34.13

DeltaVision 150 Packaged Vision



Offered by VSP

Effective Date: 5/1/2020

Monthly Cost \$8.14