



REQUEST TO BE REMOVED FROM OCCUPATIONAL ACCIDENTAL INSURANCE

GOT QUESTIONS? Contact John Bayluk by calling 678-999-3308 ext 5 or email me john@modernmarketmaster.com

Contractors who drove at least one day in the month need to be listed on the policy for the whole month.

Contractors who don't sign this form will have to pay in full for time they were listed on the policy.

Keep copy of this form to dispute any charges.

Voicemail and phone requests will not be processed. We do not backdate.

Driver Information

Last Name First Name Social Security #: Effective Date of Change:

Cell Phone# Driver License#: State Date of Birth

Mailing Address

Will you return?* _____ \$1,000 deposit is returned within 45 days to non-returning contractors. **

I, _____, understand that I am being removed from Occupational Accidental Insurance with MMM Express Inc. as of date sates above. I understand that after effective date of change I will be responsible for all my medical expenses in case of injuries or any other traumas which can be caused at work or in any other environmental. Life insurance coverage will be terminated as well. I also understand that in order for my contract with MMM Express, Inc to be reinstated, I will need to fill out enrollment from to Occupational Accidental Insurance and receive SMS confirmation that I am added to the policy. Additional paperwork and drug rest may be required.

Contractor Signature: _____ Date _____

Company Repr. Signature: _____ Date _____

*Contractors that take select "NO" and rake \$1,000 deposit will have to pay \$1,000 in full upon returning.

**Security deposit will not be returned to contractors that fail to complete 12 month contract or have outstanding balance due to accidents or damaged equipment.

