

**GoodLife / Capital District Health Authority (CDHA)
Cancellation Form**

Please complete this form if you would like to cancel your GoodLife Membership, or a family member's membership.

Cancellations during this term (May 15, 2013– May 14, 2014) are only processed due to medical reasons or because you've left your employment with CDHA.

The cancellation form must be received by the 1st of the month for processing on the 15th; otherwise, it will be processed for the following month.

Member Information (please print):

Name of CDHA Employee: _____
Employee ID#: _____

GoodLife Membership # _____

Email address _____
Phone Number: _____
Rate currently being deducted: _____

Information about Family Members currently on the Program:

Name: _____ Membership # _____
Name: _____ Membership # _____
Name: _____ Membership # _____

Please circle who would like to cancel – *keep in mind that the CDHA employee must be a member to extend this program to their family members.*

Self Self and Spouse / Dependent(s) Spouse / Dependent(s) only

Please fax cancellation forms to Jeannie Shepherd (902) 473 6414



The good life. Made easy.