



ClaimsConnect Cancellation

Form Instructions: Please complete this form and send to myaccount@helper.com or Fax to 888.965.4021

Helper Account # : _____

ClaimsConnect G # (Optional): _____

Select one: Group Cancellation Individual(s) Cancellation

Name of Group or provider(s): _____

Number of providers being canceled: _____

Reason for Cancellation:

I understand I will be receiving a final invoice for a full calendar month of service.

Authorized Signature _____

Printed Name _____

Date _____