

# IMPORTANT STEPS TO FOLLOW WHEN USING THE ELECTRONIC EFFECTIVE DATE RETRACTION REQUEST FORM

You must retract an application either electronically or by submission of this form for Alaska private passenger and commercial applications.

You must forward this retraction request form to the Alaska Plan no later than **two (2) working days** after the date the application is transmitted electronically to the Plan. If the completed retraction form is received by the Plan more than 15 calendar days following the date of transmittal of the application, the producer to whom the reference number is assigned will receive a complaint that will be counted against their producer certification status. You **cannot** retract a reference number once you have **forwarded** the application to the Plan.

**If you selected Option 1 on the reverse side of this form, please be sure you have followed these steps:**

## Option 1

- ☐ Indicate the reference number to be voided in Box A of the form.
- ☐ Checked Option 1 on this form.
- ☐ Fully completed Box C of this form.

## Option 2

***If you selected Option 2 on the reverse side of this form, please be sure you have followed these steps:***

- A) Indicated the reference number to be voided in Box A of his form.
- B) Checked Option 2 on this form.
- C) Accessed electronic application submission and transmitted a second application.
- D) Indicated the new reference number in Box B of this form.
- E) Fully completed Box C of this form.
- F) Prepared a packet for submission to the Plan as follows: (1) this form, (2) the original application, (3) the deposit, and (4) all required documentation.
- G) Forwarded the complete packet to the Plan no later than two (2) working days after transmittal of the corrected application.

**For further information on how to retract unwanted reference numbers, contact the Alaska Plan at 800-227-4659 or email us at [alaska@aipso.com](mailto:alaska@aipso.com)**

# Alaska Automobile Insurance Plan

## ELECTRONIC EFFECTIVE DATE RETRACTION REQUEST FORM For Use with the Electronic Application Submission

Please **RETRACT** the Electronic Application Submission Reference Number (*indicated in Box A*) for the following reason:

A.

- ☐ The applicant has decided not to pursue coverage through the Alaska Automobile Insurance Plan.
- ☐ When requesting the Reference Number listed above, I made an error in the information provided. This Reference Number should be **voided**. I have since electronically requested coverage providing the **correct** information with Reference Number listed below (Box B):

B.

I have attached the revised application with the **correct** Reference Number and have attached the deposit and all required documentation for the Alaska Plan to pursue coverage through the Plan.

### C. PRODUCER MUST COMPLETE THIS SECTION

Applicant Name			
Signing Producer Name			
Agency Name			
Signing Producer Certification #	Signing Producer License Number		
Producer Signature		Date	
User Name			
FORWARD, FAX (415-421-4013), OR E-MAIL ( <a href="mailto:alaska@aipso.com">alaska@aipso.com</a> ) THE COMPLETED FORM TO:  ALASKA AUTOMOBILE INSURANCE PLAN PO BOX 6530 PROVIDENCE, RI 02940-6530		FOR PLAN USE	
		RECEIVED DATE	PROCESSED BY
			VOIDED DATE