



**Service Disconnect Request Form**

**Please fill out and return form**

**Email: [support@homeandwellness.com](mailto:support@homeandwellness.com) or Text: 316-633-0511**

**Customer Name (Person wearing the device):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Disconnect Date:** \_\_\_\_\_

**Reason for Disconnect:**

**Deceased**

**Under full time care**

**Does not need service**

**Device signal issues**

**Other**

**Reason for other:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_