



TERMINATION OF AGREEMENT (Rescission)

I _____ (worker name) have returned my hearing aids and given the required written notice to _____ (provider). The written notice was given to the provider within the 30-day rescission period and the return of my hearing aids was for reasonable cause as provided for in the Hearing Services Worker Information Form I received with my hearing aids. I did not return my hearing aids for cosmetic reasons or because I changed my mind about wearing hearing aids.

Date

Worker Signature

Date

Provider Signature