

HEALTH INSURANCE CANCELLATION LETTER

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Policy Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing this letter to request the cancellation of my health insurance policy with [Insurance Company Name], effective [Cancellation Date]. My policy number is [Your Policy Number].

After careful consideration, I have decided to explore other health insurance options that better suit my current needs. Therefore, I kindly request the cancellation of my policy, effective at the end of the current coverage period.

Please provide me with any necessary instructions or forms to complete this cancellation process. I am committed to following the proper procedures to ensure a smooth transition and to fulfill any requirements outlined in the policy.

I appreciate the services I have received from [Insurance Company Name] during my time as a policyholder and want to thank you for your assistance.

Please send me written confirmation of the cancellation and any refund details that may apply, if applicable.

Thank you for your prompt attention to this matter. If you require any additional information or documentation from me, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Full Name]