

# MEDICARE SUPPLEMENT CANCELLATION LETTER

[Insurance CozyCare]  
[Insurance Company Address]  
[City, State, ZIP]

Subject: Cancellation of Medicare Supplement Policy - Policy Number: MC123456

Dear CozyCare,

I hope this letter finds you well. I am writing to formally request the cancellation of my Medicare supplement insurance policy with policy number MC123456. After careful consideration of my healthcare needs and financial situation, I have decided that it is in my best interest to discontinue this policy effective September 30, 2023.

Policy Details:

- Policy Number: MC123456
- Policyholder Name: Jane Doe
- Date of Birth: January 15, 1955
- Address: 123 Main Street, Anytown, USA
- Medicare Number: 123-456-7890A
- Effective Date of Policy: April 1, 2019

I have thoroughly reviewed my current healthcare requirements and believe that my needs are being adequately met through other means. As a result, I kindly request the cancellation of my Medicare supplement policy. I understand that the terms and conditions of my policy require a notice period, and I am committed to fulfilling all necessary obligations to ensure a seamless cancellation process.

Please provide me with the appropriate paperwork and instructions for completing this cancellation. If there are any forms that require my signature or additional information, please do not hesitate to send them to me. I want to ensure that all necessary steps are taken to properly terminate this policy.

I would like to express my appreciation for the services your company has provided during the time I've been a policyholder. However, due to my changing circumstances, I believe it is in my best interest to discontinue the coverage at this time.

Please confirm the receipt of this cancellation request and provide me with a written acknowledgment outlining the next steps and confirming the cancellation date.

I understand that any outstanding premiums will be settled as per the terms and conditions of the policy. I am also aware that I may need to coordinate with Medicare to ensure uninterrupted primary coverage.

Thank you for your attention to this matter. Your prompt assistance in this process will be highly appreciated. If you require any further information from my end, please do not hesitate to contact me at 555-123-4567 or jane.doe@email.com.

Sincerely,

[Your Signature]  
Jane Doe

**\*\*Enclosure:\*\***

- Copy of Medicare supplement insurance policy