

# Health Insurance Cancellation Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

[Health Insurance Company Name]

[Address]

[City, State, ZIP Code]

Subject: Cancellation of Health Insurance Policy – Policy Number: [Your Policy Number]

Dear [Health Insurance Company Name],

I am writing to formally request the cancellation of my health insurance policy with [Health Insurance Company Name], effective [Cancellation Date]. My policy number is [Your Policy Number]. I am providing the required notice as per the terms and conditions of my policy.

Please consider this letter as a formal request to cancel my health insurance policy as of the specified date. I kindly ask you to process the cancellation and provide me with a written confirmation of the cancellation and any details regarding premium refunds, if applicable.

I would like to thank you for the coverage and services you have provided during the period of my policy. However, due to [mention reason for cancellation, e.g., change in employment, relocation, obtaining coverage through a different provider, etc.], I am no longer in need of the current health insurance policy.

Please take the necessary steps to stop any future premium deductions from my bank account/credit card and cease all coverage associated with my policy from the cancellation date. If there are any forms or documents required from my end to complete this cancellation process, please let me know as soon as possible. I am committed to fulfilling any necessary requirements to facilitate a smooth cancellation procedure.

You can contact me at [Your Phone Number] or [Your Email Address] if you need any additional

information or clarification.

Thank you for your prompt attention to this matter. I look forward to receiving written confirmation of the cancellation at your earliest convenience.

Sincerely,

[Your Full Name]

[Your Signature (if sending a physical copy)]

[Date]

[Enclosures: Any required documents, if applicable]