

Formal Health Insurance Cancellation Letter

Dear [Insurance Provider Name],

I am writing to formally request the cancellation of my health insurance policy, policy number [Policy Number], effective [Desired Cancellation Date].

Please confirm the receipt of this request and advise if any further steps or documents are required.

I would appreciate confirmation of the cancellation in writing.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Contact Information]

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