

Cancellation Due to New Coverage

Dear [Insurance Provider Name],

I am requesting the cancellation of my current health insurance policy, [Policy Number], as I have recently obtained alternative coverage through [New Insurance Provider Name], effective [Date].

Kindly process the cancellation and confirm the termination of coverage. Please advise if there are any refund procedures for any prepaid premiums.

Thank you for your assistance.

Best regards,

[Your Name]

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