

Health Insurance Discontinuation Notice

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to formally inform you that your health insurance policy with [Insurance Company Name], policy number [Policy Number], will be discontinued effective [Discontinuation Date].

The decision to discontinue your policy is due to [reason for discontinuation, e.g., non-payment of premiums, policy expiration, etc.]. We understand that this may come as a surprise, and we encourage you to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email] for further clarification and assistance.

If you have any pending claims or concerns regarding your coverage, please ensure that you address them before the discontinuation date.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[Contact Information]