

Non-Payment Insurance Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name or Specific Contact Name],

Re: Health Insurance Policy Number [Policy Number]

This letter serves as a formal notice of cancellation of my health insurance policy due to non-payment. As of [Insert Date of Last Payment], I have failed to make the necessary premium payments for my insurance coverage.

According to the terms of my policy, I understand that failure to pay premiums on time can result in cancellation of coverage.

Please consider this letter as my formal request to cancel my health insurance policy effective immediately. I appreciate your prompt attention to this matter.

If you have any questions or need further information, please feel free to contact me at your convenience.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]