

Health Insurance Policy Termination Notification

Date: [Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Insurer's Name],

I am writing to formally notify you of my decision to terminate my health insurance policy with [Policy Number], effective [Termination Date]. I request that you process this termination as per the terms and conditions of the policy.

Please confirm the receipt of this termination request and provide any further instructions or information regarding the termination process.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]