

Termination Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Termination of Disability Insurance Policy

Dear [Insurance Company Contact or "To Whom It May Concern"],

I am writing to formally notify you of the termination of my disability insurance policy, Policy Number [Insert Policy Number], effective immediately. Please consider this letter as my official request to cancel the policy.

As per the terms of the agreement, I have provided the required notice period and have settled all outstanding payments. Please confirm the cancellation of my policy in writing.

Thank you for your attention to this matter. Should you need any additional information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]