

Request for Insurance Policy Discontinuation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the discontinuation of my insurance policy with your company. My policy number is [Insert Policy Number].

Due to [reason for discontinuation, e.g., financial constraints, change in circumstances], I have decided to terminate my coverage. Please consider this letter as my official request for cancellation effective immediately or as per your usual procedure.

I would appreciate your prompt confirmation of the policy cancellation and any necessary steps I need to complete. If there are any outstanding payments, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]