

# Insurance Coverage Discontinuation Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to inform you that your insurance coverage with [Insurance Company Name] will be discontinued as of [Date of Discontinuation]. This decision has been made in accordance with our policy guidelines and after careful consideration.

We appreciate your understanding and want to assure you that this decision was not made lightly. If you have any questions or require assistance regarding alternative coverage options, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email Address].

Thank you for your time and for being a valued customer of [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]