

Health Insurance Cancellation and Re-enrollment Notification

Dear [Recipient's Name],

We are writing to inform you that your health insurance policy, [Policy Number], will be canceled effective [Cancellation Date]. This action is being taken due to [reason for cancellation, e.g., non-payment, change of eligibility].

We understand the importance of having continuous health coverage. Therefore, we would like to offer you the opportunity to re-enroll in a new health insurance plan. Please review the following options available to you:

- Option 1: [Description of Plan 1]
- Option 2: [Description of Plan 2]
- Option 3: [Description of Plan 3]

If you choose to re-enroll, please complete the attached form and submit it by [Submission Deadline]. For any assistance, you may contact our customer service at [Customer Service Phone Number] or [Email Address].

Thank you for your attention to this matter. We look forward to assisting you with your health insurance needs.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Contact Information]