

# Health Insurance Cancellation Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Cancellation of Health Insurance Policy**

Dear [Insurance Company Representative/To Whom It May Concern],

I am writing to formally request the cancellation of my health insurance coverage with [Insurance Company Name], effective [Desired Cancellation Date]. My policy number is [Policy Number].

Please consider this letter as my official notice of cancellation as per the terms of my policy. I request that you send me a confirmation of the cancellation and any necessary documentation regarding the termination of my coverage.

Thank you for your attention to this matter. If you have any questions or need further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]