

Cancellation of Health Benefits

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 [Insurance Company Name/Contact Person],

I am writing to formally request the cancellation of my health benefits policy, effective [Insert Effective Date]. My policy number is [Insert Policy Number].

Due to [brief reason for cancellation, if desired], I have decided to terminate my health coverage. Please consider this letter as my official notice of cancellation.

I request you to send me a confirmation of the cancellation at your earliest convenience. Should you need any further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]