

# Health Insurance Plan Discontinuation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally notify you of my decision to discontinue my health insurance plan, effective [Insert Effective Date]. My policy number is [Insert Policy Number].

This decision comes after careful consideration of my current needs and circumstances. I would like to thank you for the services provided during my time as a policyholder.

Please confirm the cancellation of my policy and ensure that no further premiums will be deducted from my account after the effective date. If there are any forms or additional steps required on my part to complete this process, kindly let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]