

Health Insurance Account Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request the cancellation of my health insurance account with [Insurance Company Name]. My account details are as follows:

Policy Number: [Insert Policy Number]

Account Holder's Name: [Your Name]

Please consider this letter as my official request for cancellation, effective immediately. I would appreciate a confirmation of the cancellation in writing at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]