

# Policy Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Cancellation of Health Insurance Policy

Dear [Insurance Company's Customer Service Team/Specific Name],

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

Due to [briefly explain reason for cancellation], I have decided to end my coverage. Please confirm the cancellation of my policy and ensure that no further premiums are deducted from my account.

Thank you for your assistance in this matter. I look forward to your prompt confirmation.

Sincerely,

[Your Name]