

# Cancellation of Health Insurance Policy

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]

Dear [Insurance Company Name],

I am writing to officially request the cancellation of my health insurance policy, effective immediately. Below are my policy details:

Policy Holder Name: [Your Name]

Policy Number: [Your Policy Number]

Please send me a confirmation of the cancellation at your earliest convenience. If there are any forms or additional information required to process this cancellation, please let me know.

Thank you for your assistance.

Sincerely,

[Your Name]