

# Health Insurance Cancellation Request

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 Customer Service],

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

I would appreciate a written confirmation of the cancellation and any details regarding the final settlement or refund if applicable.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]