

Health Insurance Termination Notice

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 Representative's Name],

Subject: Termination of Health Insurance Policy

I am writing to formally notify you of my decision to terminate my health insurance policy, bearing the policy number [Insert Policy Number], effective [Insert Effective Date].

This decision has been made after careful consideration, and I would like to ensure that all necessary procedures are followed to complete this termination smoothly.

Please confirm the termination of my policy in writing and inform me if there are any further actions needed on my part or any outstanding balance that needs to be addressed.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]