

Letter of Intent to Cancel Health Insurance Policy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Cancellation of Health Insurance Policy

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my intention to cancel my health insurance policy with the policy number [Your Policy Number], effective [Desired Cancellation Date].

Please confirm the cancellation and advise on any further steps I need to take. Additionally, I would appreciate a written confirmation of the cancellation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]