

Request to Cancel Health Insurance

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear [Insurance Company Name],

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

Due to [reason for cancellation], I find it necessary to discontinue my coverage. I request that you provide me with written confirmation of this cancellation.

Thank you for your prompt attention to this matter.

Sincerely,
[Your Name]