

Health Insurance Cancellation Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This letter is to confirm the cancellation of your health insurance policy effective [Insert Cancellation Date]. We have processed your request and your coverage will terminate as of this date.

If you have any outstanding claims, please ensure that they are submitted by [Insert Claims Submission Deadline]. We also encourage you to explore other insurance options that may be available to you.

Thank you for being a part of our insurance family. If you have any questions or need further assistance, please do not hesitate to reach out to our customer service team at [Insert Contact Information].

Sincerely,

[Provider Name]

[Provider Title]

[Insurance Company Name]

[Insurance Company Contact Information]