

Health Insurance Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

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

Please consider this letter as the required notice for cancellation as per the terms of my policy. I request written confirmation of the cancellation and any details regarding any final billing or refunds due.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]