Notification of Insurance Coverage Termination

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your insurance coverage with [Insurance Company Name] will be terminated effective [Termination Date]. This decision has been made due to [reason for termination if applicable, e.g., non-payment, policy expiration, etc.].

Please be advised that you will no longer be covered under this policy after the termination date. If you have any questions regarding this notification or if you wish to discuss alternative options, please do not hesitate to contact us at [Insurance Company Phone Number] or [Email Address].

We appreciate your understanding in this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]