

Letter of Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Customer Service/Specific Contact Name],

I am writing to formally request the cancellation of my vision insurance policy with the policy number [Insert Policy Number]. Please consider this letter as my official notice of cancellation, effective immediately.

Should you require any further information or documentation to process this request, please feel free to contact me at the provided phone number or email address.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]