

Group Life Insurance Policy Termination

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We regret to inform you that your Group Life Insurance Policy #[Policy Number] will be terminated effective [Termination Date]. This decision has been made in accordance with the terms outlined in your policy agreement.

We encourage you to review the details of your policy and reach out to us if you have any questions or require further clarification on the termination process. Our team is here to assist you during this transition.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Contact Information]