

Group Life Insurance Termination Confirmation

Dear [Recipient's Name],

We are writing to confirm the termination of your group life insurance policy, effective [Date of Termination]. This decision was made in accordance with the terms of the policy and any applicable company policies.

Please note that all coverage under this policy will cease on the effective date listed above. If you have any outstanding claims or questions regarding the termination, feel free to contact our office at [Contact Information].

We appreciate your time with us and wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Date]