

Group Life Insurance Termination Notice

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

Dear [Employee Name],

We regret to inform you that your Group Life Insurance policy with [Insurance Company Name] will be terminated effective [Termination Date]. This decision has been made due to [reason for termination, e.g., employment status change, policy expiration, etc.].

Please note that upon termination of the policy, you will no longer have coverage under this plan. We recommend that you consider alternative insurance options to ensure continued protection.

If you have any questions regarding this notice or would like to discuss your insurance options, please feel free to contact our HR department at [HR Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]