

Request for Termination of Group Life Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Manager],

I am writing to formally request the termination of my Group Life Insurance Policy with the policy number [Insert Policy Number]. After careful consideration, I have decided to discontinue this policy.

Please process this request at your earliest convenience and confirm the termination in writing. I would appreciate any information regarding the final status of my policy and any potential refunds that may be applicable.

Thank you for your attention to this matter. If you require any additional information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]