

Termination of Group Life Insurance Coverage

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We regret to inform you that your group life insurance coverage with [Company Name] will be terminated effective [Termination Date]. This decision has been made in accordance with the terms outlined in the group policy.

Please ensure that you have made arrangements for any alternative insurance coverage you may require. We recommend contacting an insurance agent to discuss your options.

If you have any questions regarding this termination or your options, please do not hesitate to reach out.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]