

Voluntary Termination of Group Life Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Voluntary Termination of Group Life Insurance

Dear [Insurance Company Contact Name],

I am writing to formally request the voluntary termination of my group life insurance policy with [Insurance Company Name], effective [Insert Effective Date]. My policy number is [Insert Policy Number].

This decision is made after careful consideration, and I kindly request a written confirmation of the termination and any details regarding the cancellation process.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]