

Health Insurance Cancellation Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my health insurance policy with the policy number [Your Policy Number], effective immediately.

Please confirm the cancellation in writing and let me know if any further actions are required on my part.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]