

Dependents Insurance Coverage Termination Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Termination of Dependents Insurance Coverage

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of the termination of insurance coverage for my dependents under policy number [Insert Policy Number]. This notice serves to confirm that the coverage for [List of Dependents' Names] will be terminated effective [Insert Termination Date].

The decision to terminate coverage is based on [briefly state reason, if applicable, e.g., eligibility loss, policy cancellation, etc.]. Please update your records accordingly.

If there are any further steps required from my side, or if you need additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]