

Cancellation of Student Health Insurance Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I am writing to formally request the cancellation of my student health insurance enrollment, effective immediately.

My details are as follows:

Full Name: [Your Full Name]

Student ID: [Your Student ID Number]

Policy Number: [Your Policy Number]

Thank you for your attention to this matter. Please confirm the cancellation of my enrollment at your earliest convenience.

Sincerely,
[Your Name]