

Health Insurance Policy Cancellation Letter

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: Request for Cancellation of Health Insurance Policy

Dear [Insurance Company Name/Customer Service],

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

Due to [brief reason for cancellation, if desired], I have decided to cancel my coverage. Please confirm the cancellation of my policy and inform me of any further steps required on my part.

Thank you for your attention to this matter. I look forward to receiving confirmation of my policy cancellation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]