

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Surrender of Health Insurance Policy

Dear [Insurance Company Name] Customer Service,

I am writing to formally surrender my health insurance policy with the policy number [Your Policy Number]. I have decided to discontinue this policy effective immediately.

Please consider this letter as my official request for the surrender of my policy and the cessation of all coverage under it. I would like to request the cancellation confirmation in writing and details regarding any potential refunds or amounts owed to me.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]