

Insurance Plan Termination Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Termination of Insurance Plan

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of the termination of my insurance policy, [Policy Number], effective [Termination Date]. Please consider this letter as my official request for termination as outlined in the policy agreement.

I would appreciate confirmation of the termination and any final statements that may be necessary to complete the process. If there are any additional steps required on my part, please let me know.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]