

# Letter of Resignation to Cancel Insurance Payment Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally resign from my current insurance payment plan with [Insurance Company Name], effective immediately. Due to [reason for cancellation, e.g., a change in my circumstances], I have decided to discontinue my payments.

Please consider this letter as my official request to cancel my insurance payment plan associated with my account number [Your Account Number]. I kindly ask for a confirmation of the cancellation and any final statements regarding my account.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]