

## Cancellation Letter for Health Insurance

[Date]

[Your Name]

[Address]

[Health Insurance Company]

[Health Insurance Circle]

[Address]

Re: Cancellation of Policy

Insured: [Insert Named Insured's Name here – to be found on the Declaration page of your policy]

Policy Number: [Insert Policy Number here – to be found on the Declaration page of your policy]

Policy Period: [Insert Policy Period here – to be found on the Declaration page of your policy]

Dear Sir/Madam,

We regret to inform you that we will be cancelling your health insurance policy effective till [date].

Please be assured that this decision was not made lightly. However, due to the rising costs of healthcare, we are forced to make this difficult choice. We hope that you will understand our decision and we wish you all the best in finding new coverage.

Very truly yours,

[Your Signature]

[Your Name]

[Your Mailing Address]

[Your Telephone Number]