

Letter to Cancel a Health Insurance

[Your Name]

[Address]

[Letter Date]

[Recipient's Name]

[Address]

[Subject: Subject of Letter] -Optional-

Dear [Recipient's name]

My name is [enter name] and I had taken health insurance from your company in [enter date/month/year], the reference ID of which is [enter ID]. I am writing to you to cancel my health insurance with you. This cancellation is due to my inability to pay the monthly premium since my financial conditions do not allow me to do so. Kindly cancel my insurance. I also request you to provide me with a written document confirming the cancellation and the refund of the premiums that I have paid earlier. Thank you.

Sincerely,

[Your Name]

[Your Title] -Optional-