

Subject: Confirmation of Insurance Policy Cancellation - [Policy Number]

Dear [Policyholder Name],

This letter confirms that your insurance policy [Policy Number] has been cancelled, effective as of [Cancellation Date].

**What you need to know:**

- **Coverage Status:** Your coverage ends at 11:59 PM on the date mentioned above.
- **Final Statement:** Any outstanding balance or applicable premium refund will be processed within [Number] business days.
- **Documents:** Please retain your policy documents for your tax and personal records.

**We value your feedback:**

As you transition away from our services, we would appreciate it if you could share your experience with us. Your feedback helps us improve our offerings for future members.

Please take a moment to complete our brief Exit Survey by clicking the link below:

[Start Exit Survey](#)

If you have questions regarding your final statement or if you decide you would like to reactivate your coverage in the future, please contact our support team at [Phone Number] or [Email Address].

Thank you for the time you spent insured with [Company Name].

Sincerely,

[Sender Name]  
[Company Name]  
[Department Name]