

Subject: Notice of Insurance Coverage Termination

Dear [Member Name],

This letter is to formally notify you that your [Type of Insurance, e.g., Medical/Dental] insurance coverage with [Company Name] will terminate effective [Termination Date].

**Reason for Termination:** [Reason, e.g., End of Employment / Policy Cancellation]

**What you need to know:**

- Your benefits will remain active until midnight on [Termination Date].
- Claims for services rendered on or before this date must be submitted by [Claim Deadline Date].
- [Optional: Information regarding COBRA or conversion options].

If you have questions regarding your coverage or final claims, please contact our Benefits Department at [Phone Number] or [Email Address].

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**Exit Experience Survey**

We value your feedback. Please take a moment to complete this brief survey regarding your experience with our insurance plan.

1. How would you rate the overall quality of the insurance coverage provided?

Excellent  
Good  
Fair  
Poor

2. How satisfied were you with the network of healthcare providers?

Satisfied  
Neutral  
Dissatisfied

3. How would you rate the ease of the claims process?

Easy  
Moderate  
Difficult

4. Please provide any additional comments or suggestions for improvement:

Thank you for your time.

Sincerely,

[Your Name/Company Name]

[Department Name]