

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Department Name, e.g., Appeals/Underwriting]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Notice of Policy Cancellation / Rescission**

**Policy Number:** [Your Policy Number]

**Claim Number:** [Claim Number, if applicable]

Dear [Contact Person or Department Name],

I am writing in response to the notice dated [Date of Cancellation Notice] regarding the cancellation or rescission of my health insurance policy due to an alleged omission of a pre-existing condition on my initial application.

I wish to formally [dispute this decision / accept this cancellation].

[If Disputing: Provide a brief explanation of why the omission was unintentional or why the condition does not qualify as a pre-existing condition according to policy terms. Mention any supporting medical documentation attached.]

Please confirm the final status of my coverage and provide a detailed breakdown of any premium refunds due to me or outstanding balances owed. I request a written response regarding this matter within [Number] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]