

[Company/Provider Name]

[Department Name]

[Address Line 1]

[Address Line 2]

[Date]

**Subject: Confirmation of Voluntary Health Insurance Termination**

Dear [Policyholder Name],

This letter is to formally confirm that your voluntary health insurance coverage under policy number **[Policy Number]** has been terminated at your request.

Please find the details regarding your termination below:

- **Reason for Termination:** Voluntary Withdrawal
- **Termination Effective Date:** [Date]
- **Final Coverage Date:** [Date]

As of the effective date mentioned above, all benefits and coverage associated with this policy will cease. Any claims for medical services incurred after this date will not be eligible for reimbursement under this plan.

[Optional: If applicable, mention any premium refunds or outstanding balances here.]

If you have any questions regarding your account or require a certificate of prior coverage for a new provider, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for the opportunity to have served your health insurance needs.

Sincerely,

[Authorized Signature]

[Full Name]

[Job Title]