

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Confirmation of Coverage Termination

Dear [Client Name],

This letter is to formally confirm that we have received and processed your request to terminate your [Type of Coverage, e.g., Health/Liability] insurance policy, identified by policy number **[Policy Number]**.

As per your request, your coverage will officially end at 11:59 PM on **[Termination Date]**. After this time, you will no longer be covered under this policy, and no further claims will be accepted for incidents occurring after this date.

Important Information Regarding Your Termination:

- **Final Premium:** Your final bill will reflect coverage up to the termination date. Any outstanding balance must be paid by [Date].
- **Refunds:** If you have prepaid premiums beyond the termination date, a pro-rated refund in the amount of [Amount] will be issued via [Method] within [Number] business days.
- **Cessation of Benefits:** Please note that any supplementary benefits or riders associated with this policy will also cease on the date mentioned above.

If you have decided to switch to another provider, we recommend ensuring that your new coverage is active before this policy expires to avoid any gaps in protection.

If you believe this confirmation has been sent in error, or if you wish to rescind your request to cancel, please contact our Customer Service department immediately at [Phone Number] or [Email Address].

We appreciate the opportunity to have served you. Should your insurance needs change in the future, we would be happy to provide you with a new quote.

Sincerely,

[Your Name/Department Name]
[Your Title]
[Company Name]