[Company Name]
[Customer Service Department]
[Company Address]
[City, State, Zip Code]

[Date]

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

Subject: Confirmation of Health Insurance Policy Cancellation

Dear [Policyholder Name],

This letter is to formally confirm that your health insurance policy has been cancelled as per your request.

Policy Details:
Policy Number: [Policy Number]
Coverage End Date: [Effective Date of Cancellation]

Please note the following information regarding your account:

- **Coverage:** All benefits and coverage associated with this policy will cease at 11:59 PM on [Effective Date of Cancellation].
- **Premium Payments:** Any automatic payments or payroll deductions should be stopped after the final payment due for the current period.
- **Refunds:** [Select one: A pro-rated refund for the unused portion of your premium will be issued within 14 business days / No refund is due as the policy was paid through the end of the current term].
- **Tax Documentation:** You will receive your 1095-B or 1095-C tax forms during the standard tax reporting season next year.

If you requested this cancellation in error or if you have questions regarding your final balance, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for the opportunity to have served your healthcare needs.

Sincerely,

[Sender Name/Department]
[Company Name]