[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Confirmation of Voluntary Health Insurance Policy Cancellation

Dear [Policyholder Name],

This letter serves as official confirmation that we have processed your request to voluntarily cancel your health insurance policy, effective [Date of Cancellation].

Policy Details:

- Policy Number: [Policy Number]
- Coverage End Date: [Date]
- Reason for Cancellation: Voluntary Request

As of the effective date mentioned above, all coverage associated with this policy will cease. Please be advised that any medical services incurred after this date will not be covered by this plan.

[Optional: Information regarding final premium payments or refunds.]

If you have any questions regarding this cancellation or if you did not authorize this request, please contact our member services department immediately at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Name of Representative]
[Department Name]
[Insurance Company Name]