[Date]

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

Subject: Confirmation of Policy Cancellation - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that your health insurance policy has been canceled effective [Cancellation Date] due to non-payment of premiums.

We previously notified you of the overdue balance and provided a grace period to bring your account current. As we did not receive the required payment by the deadline, your coverage has been terminated in accordance with the terms of your policy agreement.

Important Information Regarding Your Cancellation:

- **Loss of Coverage:** You no longer have health insurance coverage under this policy as of the date listed above. Any medical services received after this date will be your personal financial responsibility.
- **Outstanding Balance:** You remain responsible for the unpaid premium amount of $[Amount] for the period during which coverage was active.
- **Claims:** Any claims submitted for services rendered after the cancellation date will be denied.

If you believe this cancellation was made in error, or if you wish to discuss reinstatement options, please contact our Customer Service Department immediately at [Phone Number] or [Email Address]. Please note that reinstatement is not guaranteed and may require payment of all past-due balances and interest.

Sincerely,

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