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

[Date]

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

Subject: Confirmation of Policy Cancellation and Prorated Refund

Dear [Member Name],

This letter confirms that your health insurance policy, [Policy Number], has been canceled effective [Cancellation Date].

As a result of this cancellation, you are entitled to a prorated refund for the unused portion of your premium. Please find the details of your refund below:

- **Original Coverage Period:** [Start Date] to [End Date]
- **Total Premium Paid:** $[Amount]
- **Unused Coverage Days:** [Number of Days]
- **Total Refund Amount:** $[Amount]

Your refund is being processed via [Method: e.g., Original Credit Card / Mailed Check]. You should expect to receive these funds within [Number] business days.

Please note that coverage for you and any dependents listed on the policy ended at 11:59 PM on [Cancellation Date]. Any medical services received after this date will not be covered by this plan.

If you have any questions regarding this refund or your policy status, please contact our Customer Service department at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]