[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

**Subject: Confirmation of Health Insurance Policy Cancellation**

Dear [Policyholder Name],

This letter is to confirm that your health insurance policy, number **[Policy Number]**, will officially expire at the end of its current term on **[Expiration Date]**.

As per your request, your coverage will not be renewed. Please be advised of the following regarding your cancellation:

- **Termination Date:** Your coverage will end at 11:59 PM on [Date].
- **Claims:** Any medical services received after the termination date will not be covered by this policy.
- **Final Premium:** Your final premium payment of $[Amount] is due by [Date].
- **Tax Documentation:** You will receive your 1095-B or 1095-C tax forms for the period of coverage during the next tax filing season.

If you have questions regarding your final statement or if you would like to discuss alternative coverage options, please contact our customer service department at [Phone Number] or visit [Website].

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

Sincerely,

[Authorized Signature]
[Name of Insurance Company]
[Department Name]