[Date]

[Member Name]
[Address Line 1]
[Address Line 2]

Subject: Confirmation of Health Insurance Policy Cancellation

Dear [Member Name],

This letter serves as official confirmation that your health insurance policy, [Policy Number], has been cancelled effective [Cancellation Date].

We have processed this request based on your notification regarding a coverage transfer to [New Insurance Provider Name].

Final Coverage Details:

- Last Day of Coverage: [Date]
- Reason for Cancellation: Coverage Transfer
- Final Premium Statement: [Details regarding final payment or refund]

Please note that any medical services received after the effective cancellation date will not be covered under this policy. We recommend keeping this letter for your records as proof of prior coverage for your new provider.

If you have questions regarding outstanding claims or your final statement, please contact our member services department at [Phone Number] or [Email Address].

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

Sincerely,

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