[Date]

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

Subject: Confirmation of Policy Cancellation - Relocation Outside of Service Area

Dear [Member Name],

This letter confirms that we have received and processed your request to cancel your health insurance policy, [Policy Number], effective [Termination Date].

The reason for this cancellation is your relocation to a permanent residence outside of our network's designated service area. As you are moving to an area where our provider network is not available, your current coverage cannot be maintained.

Important Information Regarding Your Cancellation:

- **Coverage End Date:** Your insurance coverage will officially end at 11:59 PM on [Termination Date].
- **Final Premium:** Your final premium payment of $[Amount] was processed on [Date]. No further automatic withdrawals will be made from your account.
- **Claims:** Any medical services received on or before [Termination Date] will be processed according to your policy benefits. Please ensure all claims are submitted within [Number] days.
- **Proof of Coverage:** This document serves as proof of your prior coverage. You may need this to enroll in a new plan through a Special Enrollment Period (SEP) due to your move.

We recommend that you secure new health insurance coverage in your new location as soon as possible to avoid a gap in coverage.

If you have any questions or believe this cancellation was processed in error, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]