[Date]

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

Subject: Confirmation of Mutual Agreement to Cancel Health Insurance Policy

Dear [Policyholder Name],

This letter serves as formal confirmation that your health insurance policy, number [Policy Number], will be cancelled by mutual agreement between you and [Insurance Company Name].

As per our recent communication, both parties have agreed to terminate the coverage effective as of [Cancellation Effective Date].

Summary of Cancellation:

- **Policy Number:** [Policy Number]
- **Termination Date:** [Date] at 11:59 PM
- **Reason:** Mutual Agreement
- **Refund Amount (if applicable):** [Amount]

Please be advised that all coverage and benefits associated with this policy will cease on the effective date mentioned above. Any claims for services rendered after this date will not be covered.

If a refund of unearned premium is due, it will be processed within [Number] business days via [Method of Payment].

If you have any questions regarding this cancellation or if you believe this information is incorrect, please contact our customer service department at [Phone Number] or [Email Address] immediately.

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]