

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Member Services Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation Due to Failure to Provide Documentation

Policy Number: [Your Policy Number]
Group Number: [Your Group Number]
Effective Date of Cancellation: [Desired Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the cancellation of my health insurance policy listed above. This cancellation is due to my inability to provide the required identification documentation requested by your department.

Please process this cancellation effective as of [Date]. I understand that as a result of this documentation failure, my coverage will terminate on this date.

Please send a written confirmation of this cancellation and details regarding any pro-rated premium refunds that may be owed to me. If there are outstanding balances or additional steps required to finalize this request, please notify me immediately at the contact information provided above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]