

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

[Date]

[Insurance Company Name]
[Department Name, if applicable]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Life Insurance Application/Policy

Policy/Application Number: [Number]

Insured Name: [Name]

To Whom It May Concern,

I am writing to formally request the immediate cancellation of my life insurance application/policy, effective as of [Date].

This decision is being made due to the insurance company's failure to provide me with the medical examination records and lab results conducted as part of the underwriting process. Despite my previous request(s) for these documents, I have not received the information. As these records pertain to my personal health data, the failure to release them has resulted in my decision not to proceed with your company.

Please stop any further premium withdrawals or billing immediately. I also request a full refund of any unearned premiums or deposits paid to date.

Please provide written confirmation of this cancellation and a copy of the final account statement within [Number, e.g., 10] business days.

Sincerely,

[Your Signature]

[Your Printed Name]