[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: NOTICE OF HEALTH INSURANCE POLICY CANCELLATION

Dear [Policyholder Name],

This letter serves as formal notification that your health insurance policy, number [Policy Number], is being cancelled effective [Cancellation Date] due to non-payment of premiums.

Our records indicate that your account is currently past due. Despite previous reminders, we have not received the outstanding balance of $[Total Amount Owed].

Impact of Cancellation:

- Your health insurance coverage will cease at 11:59 PM on [Cancellation Date].
- Any medical claims incurred after this date will not be covered by this policy.
- You may lose your eligibility for certain benefits or face a gap in coverage.

How to Avoid Cancellation:

To keep your coverage active, we must receive the full outstanding payment of $[Total Amount Owed] by [Deadline Date]. You can make a payment via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

If payment has already been sent, please disregard this notice. If you believe this notice was sent in error, or if you are experiencing financial hardship and wish to discuss a payment plan, please contact our Customer Service department immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Information]