

# Request to Cancel Coverage

Date: \_\_\_\_\_

RE: Client Name \_\_\_\_\_ Policy # \_\_\_\_\_

Attn: Policy Services

Please cancel this policy effective \_\_\_\_\_.

I am canceling my coverage because:

\_\_\_\_ I am now eligible for group health insurance coverage.

\_\_\_\_ I have obtained coverage with another company.

\_\_\_\_ I was unhappy with the benefits / service for this policy.

\_\_\_\_ The premiums were too high.

\_\_\_\_ Other (*please explain*):

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Sincerely,

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*Policy Holder's Signature*