Name of the recipient,

Complete address of the recipient,

Date:

**Subject:  Health insurance cancellation letter**

Respected (name of the recipient)

Please accept this letter as a formal request to cancel the health insurance policy. I would like to request here to stop all the charges for the payment of the premium amount. The date from which the cancellation is effective is 15th February 20XX.

I am migrating to another country and due to this, I am compelled to let go of the insurance plan I purchased earlier. Please send me a confirmation letter as and when you cancel my health insurance policy. Also, please refund the premium I have not used till now.

If you any concerns or queries regarding my decision, please write me back or give me a call on my number mentioned below.

Thank you so much for understanding my situation.

Regards,

Regards,

Name of the sender

Signatures of the sender