

Insurance Policy Cancellation Request

Date

Name of Insurance Company

Company's Address

City State & Zip

Re: Insurance Policy Cancellation

Accept this letter as written notice to cancel my _____ Insurance Policy Effective on _____ (date), as I have received notification that my request to enroll in a Medicare Advantage plan effective _____ (date) has been approved.

Please send me written confirmation within 30 days that the cancellation has been put into effect

Thank you for your prompt attention to the matter.

Sincerely,

Member Signature

Member Name: _____

Member Policy # _____

Member Mailing Address:

