

Cancellation Letter

Date

Via Certified Mail- Return receipt requested

Name of Insurance Company

Address

Contact details

Re: Cancellation of Policy

Insured: Insured candidate's name

Policy number:

Policy period:

Dear Sir/Madam,

[Inform about the cancellation and the date it will be effective from. You can ask them to refund the unused premium]

[Request them to issue you a confirmation letter. Ask them to contact you if they have any queries]

Thanking you,

With regards,

[Signature]

Your name

Address