

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

PhilHealth

[PhilHealth Office Address or P.O. Box]
[City, State, Zip Code]

Dear PhilHealth Customer Service,

Subject: Cancellation of Membership

I am writing to formally request the cancellation of my PhilHealth membership, effective immediately.

My membership details are as follows:

- Member Number: [Your Member Number]
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]

Please confirm the cancellation of my membership and provide any necessary documentation to finalize this process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]