

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

Subject: Request for Insurance Cancellation

Dear [Insurance Company Representative/Customer Service],
I am writing to formally request the cancellation of my UHC insurance policy, effective [desired cancellation date].

My policy number is [Your Policy Number]. Please confirm the cancellation of my policy and provide any necessary documentation regarding the termination of coverage.

If there are any final steps I must complete or if I am required to submit further information, please let me know at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt confirmation of my policy cancellation.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]