

Date: _____

Health Insurance Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

Policy Number _____ Policy Number _____

The above mentioned policy(ies) should be cancelled as soon as the final medical claims for the deceased have been processed, estimated to be no more than 90 days from the date of this letter. Should there be any pre-paid premiums, they should be rebated to me upon completion of the final claims. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____