Date:

Carrier Name:

**RE: Group Benefits Cancellation**

To Whom it May Concern,

**Company Name:**

**Policy #:**

Please consider this letter as our confirmation of request to cancel our group benefits policy effective at . Please process and refund any overpaid premium as a result of this termination.

We thank-you for your past service.

If you require anything further, please let me know.

Regards,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title: