Cancellation template for Health Insurance	Sender:
Health Insurance	
650 Castro St. Suite 120 #220 Mountain	
View, CA 94041	Insurance policy number
CA 94041 Mountain View	
Cancellation	
Dear sir or madam,	
I hereby wish to cancel my subscription with immediate effect or	at the earliest possible date.
Please send me a written confirmation of cancellation stating the	e date on which it takes effect. l
should be grateful if you would refrain from contacting me for th	ne purpose of return advertising.
Kind regards,	
Signature Pla	ce and date