Cancellation template for HealthCare.gov	Sender:
HealthCare.gov Insurance	
465 Industrial Blvd	Insurance policy number
KY 40750-0001 London	
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 should be grateful if you would refrain from contacting me for	
Kind regards,	
Signature	Place and date