

**Cancellation template for United Healthcare
Insurance**

Sender:

UnitedHealthOne
1006 State Street
IL 62439 Lawrenceville

Insurance policy number

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 date on which it takes effect. I should be grateful if you would refrain from contacting me for the purpose of return advertising.

Kind regards,

Signature

Place and date