

Date

Vendor
Attn:
Address
Address

RE: Group Name and Policy Number

To Whom it May Concern:

This letter is to inform you that (*Company Name*) will terminate its group Insurance Plan, Group #_____. This action is effective as of midnight, (*Date*).

Also at this time, we ask that you help us in this transition. **Please forward confirmation of termination.** Should you have any questions or need further documentation please do not hesitate to call this office.

Sincerely

Client Contact
Title

cc: Thorbahn