

NOTE: THIS LETTER SHOULD BE TYPED ON COMPANY LETTERHEAD

Date

Carrier

FAX No. _____

Or *address, city, state & zip*

RE: *(Company Name)*
 Group Policy Number _____

Dear Sir or Madam:

This is to notify you that as of *(date of new contract)* we have changed carriers for our group **(list all lines of insurance to be cancelled)**. Therefore, we are requesting that our group contract with *(name of carrier)* be cancelled as of **midnight prior to new effective date.**

Please take care of this matter on our behalf.

Please mail Certificates of Creditable Coverage to my attention as soon as possible.

Thank you for your cooperation. If you have any questions please contact me.

Sincerely,

 Authorized signature

CC: Peach State Planning – FAX 745-0717