

Company Name
Company Address Line 1
Company Address Line 2

Date: _____

To,
The Manager / HR Department
[Insurance Company Name]
[Insurance Company Address]

Subject: Intimation of Employee Resignation for Group Insurance Termination

Dear Sir/Madam,

This is to intimate you that Mr./Ms. _____, Employee ID: _____, holding the designation of _____ with our organization, has submitted his/her resignation effective from _____.

We request you to kindly process the termination of the Group Insurance coverage of the said employee, effective from his/her last working day. Please take the necessary steps to update your records accordingly.

Kindly confirm receipt of this intimation and do the needful.

Sincerely,

[Your Name]
[Designation]
[Contact Information]