



<Month> <Date>, <Year>

<GROUP NAME>

Attn: <PRIMARY CONTACT>

<ADDRESS>

<CITY>, <STATE> <ZIP>

Subject: Asuris Group Policy Cancellation

Group Number: #####

Group Name: <GROUP NAME>

Cancellation Date: <EFFECTIVE DATE>

Dear <PRIMARY CONTACT FIRST NAME>:

If you have already sent your Group Master Application to us for your <EFFECTIVE DATE> renewal, please disregard this letter and accept our sincere thanks for renewing your coverage with Asuris Northwest Health.

Our records indicate that we have not yet received your Group Master Application. The completed form is needed in order to renew your group medical or dental coverage with us. Since we have not received it, we had to cancel your Asuris group policy effective <EFFECTIVE DATE>.

If you feel your policy has been cancelled in error or if you have any questions, please call me. We thank you for doing business with us, and we look forward to serving you again in the future.

Sincerely,

<Account Executive>, <Title>

Asuris Northwest Health

<Account Executive Phone#> or 1 (888) 344-5593

Cc: <AGENT>

<AGENCY>

<ADDRESS>

<CITY>, <STATE> <ZIP>