Name
Address
Line 2
City, State Zip

Date

Attn: Individual Policy Services

Mutual of Omaha/United of Omaha/Omaha Ins Co

Mutual of Omaha Plaza

Omaha, NE 68175

Phone: 800-775-6000

FAX (402)997-1869

RE: Termination of Policy # _____

To Whom It May Concern:

*Please be advised that I wish to terminate my Medicare Supplement coverage as of **Date**. I have obtained new Medicare Supplement Coverage Effective **Date**. I have obtained the same coverage with another company. Please cease and desist any further bank drafts from my account immediately.*

Please return any unused premium.

*Should you have any questions, please do not hesitate to contact me at **Number**.*

Thank you for your attention to this matter.

Sincerely,

Name