

**PLEASE RE-TYPE
ON YOUR
COMPANY LETTERHEAD**

DATE

GROUP NAME & GROUP NUMBER

Dear Sirs,

Please rescind our termination request for EMPLOYEE NAME SOCIAL SECURITY NUMBER on MONTH/DAY/YEAR and reinstate his/her medical insurance coverage retroactively, as we have made an error in terminating him/her.

Thank you for your prompt attention to this matter.

Sincerely,

x

OWNER