**DRAFT- TO BE PRINTED ON CLIENT LETTERHEAD**

[Date]

Blue Care Network

[Street Address]

[City, State Zip Code]

Subject: Policy (Insert Old Policy # if known) – [Client Name] Termination

To Whom It May Concern:

This letter is to notify you that [Client Name] will be terminating our medical programs directly with BCN effective [insert date], 2025. This change reflects a decision to move to Blue Cross within the West Michigan Health Insurance Pool. Thank you for your past work on behalf of our group for this coverage.

Should you have any questions, you may contact Gallagher Benefit Services.

Sincerely,

(Name)