

Claim Request for Death Benefits

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Claim Request for Death Benefits - Policy No. [Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally request the death benefits under the insurance policy number [Insert Policy Number] for my [relationship to deceased, e.g., father, mother], [Deceased's Full Name], who passed away on [Insert Date of Death].

As the named beneficiary of the policy, I have enclosed the following documentation to assist in processing this claim:

- Copy of the death certificate
- Copy of the insurance policy
- Proof of identity (e.g., driver's license)

Please let me know if you require any additional information or documentation to expedite this claim. I would appreciate your prompt attention to this matter, as the financial support from this policy is crucial during this difficult time.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]