

# Death Benefit Claim Application

To,

The Claims Department,  
[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Date: [DD/MM/YYYY]

Subject: Application for Death Benefit Claim

Dear Sir/Madam,

I, [Your Full Name], am writing to formally submit a claim for the death benefit of my [relationship to deceased, e.g., husband/wife/parent], [Deceased's Full Name], who passed away on [Date of Death]. The policy number is [Policy Number].

Enclosed with this letter are the required documents for processing the claim:

- Death Certificate
- Policy Document
- Proof of Identity of Claimant
- Any other relevant documents

I kindly request prompt processing of this claim, and I am available for any further information or clarification needed. Please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Full Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]