

# Death Benefit Claim Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Death Benefit Claim for Policy #[Policy Number]

Dear [Claims Department/Specific Person's Name],

I am writing to formally claim the death benefit under the policy held by [Deceased's Full Name], who passed away on [Date of Death]. The policy number is [Policy Number].

As the designated beneficiary, I am including the following documents to support my claim:

- Copy of the death certificate
- Completed claim form
- ID proof of the beneficiary
- Any other relevant documents

Please process this claim at your earliest convenience. Should you require any further information or documentation, 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 Printed Name]