

# Claim Submission for Death Benefit

Date: \_\_\_\_\_

To,  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

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

Dear Sir/Madam,

We, the undersigned, are the surviving beneficiaries of the late [Deceased's Full Name], who held a life insurance policy with your esteemed company (Policy Number: [Policy Number]). It is with great sorrow that we inform you of [his/her] passing on [Date of Death].

We would like to formally submit our claim for the death benefit as provided under the terms of the policy. Attached to this letter are the necessary documents, including:

- Original Death Certificate
- Completed Claim Form
- Copy of the Insurance Policy
- ID Proofs of Surviving Beneficiaries

We kindly request you to process this claim at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]  
[Your Relationship to Deceased]  
[Your Address]  
[City, State, ZIP Code]  
[Your Phone Number]  
[Your Email Address]