

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

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

Dear Claims Department,

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

Attached are the necessary documents to support my claim, including a certified copy of the death certificate, the completed claim form, and any additional required documents as specified in the policy agreement.

Please let me know if you need any further information or documentation to process this claim. I look forward to your prompt response in this matter.

Thank you for your attention to this claim.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]