

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

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

Dear Claims Department,

I am writing to formally request the processing of the death benefit claims for the late [Deceased's Name], who passed away on [Date of Death]. I am one of the beneficiaries as outlined in the policy number [Policy Number].

Please find the necessary documents attached for your review:

- Death Certificate
- Policy Documents
- Proof of Relationship
- [Any additional documents]

I appreciate your prompt attention to this matter and look forward to your swift response regarding the claims process. If you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,
[Your Name]
[Your Signature] (if sending a hard copy)