

Claim for Death Benefits

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally submit a claim for death benefits as the beneficiary of [Deceased's Name], who passed away on [Date of Death].

Attached to this letter, you will find the necessary documentation including:

- Original death certificate
- Completed claim form
- Copy of policyholder's identification
- Any additional required documents

Please process this claim at your earliest convenience. Should you need any further information, feel free to contact me via the details provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]