

Confirmation of Beneficiary Payment

Date: [Insert Date]

[Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

This letter is to formally confirm that a payment has been processed for the insurance policy held by [Insured's Name]. The details of the payment are as follows:

- Policy Number: [Insert Policy Number]
- Claim Number: [Insert Claim Number]
- Amount Paid: [Insert Amount]
- Date of Payment: [Insert Payment Date]

Please allow [insert number of days] business days for the payment to reflect in your account. If you have any questions or require further assistance, do not hesitate to contact our customer service at [insert phone number] or [insert email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurer's Company Name]