

Notification of Insurance Beneficiary Payment

Date: [Insert Date]

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are writing to inform you that a claim has been processed in your favor, in accordance with the policy held by [Insured Person's Name]. Our records indicate that you are the designated beneficiary for this policy.

The total amount approved for payment is [Insert Amount]. This payment will be issued in the form of [Check/Direct Deposit] and should arrive within [Insert Time Frame].

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]