

Beneficiary Fee Waiver Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a waiver of the beneficiary fees associated with [specific program or service] due to my recent job loss.

On [date of job loss], I was laid off from my position at [Company Name], which has resulted in significant financial hardship. I have actively sought new employment but am currently facing difficulties in finding a new position.

Given my current circumstances, I kindly ask for your consideration in waiving my beneficiary fees. I believe this assistance will enable me to focus on securing new employment without the added financial burden.

Thank you for your time and understanding. I look forward to your positive response.

Sincerely,

[Your Name]