## **Beneficiary Claim Status Request**

Date: [Insert Date]

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

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

Dear [Claims Department/Specific Contact Name],

I am writing to request an update regarding the status of my beneficiary claim submitted on [Date of Claim Submission]. The policy number is [Policy Number]. As a beneficiary, it is important for me to understand the current progress of the claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely, [Your Name]