

# Beneficiary Final Expense Coverage Adjustment Request

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Address:** [Insurance Company Address]

Dear [Insurance Company Contact/Department],

I hope this message finds you well. I am writing to formally request an adjustment to the final expense coverage policy associated with my late [Relation], [Full Name of Deceased]. The policy number is [Policy Number].

As the beneficiary, I have reviewed the policy details and would like to discuss possible modifications to ensure that it aligns with my current needs and circumstances. Specifically, I am looking to [briefly explain the desired adjustment, e.g., increase coverage amount, change beneficiaries, etc.].

I appreciate your assistance in this matter and look forward to your prompt response. Please feel free to reach me at [Your Phone Number] or [Your Email Address] for any further information you may require.

Thank you for your attention to this request.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]