

Letter of Appeal for Final Expense Coverage

Date: [Insert Date]

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

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

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of final expense coverage for my late [relation, e.g., father, mother], [Name of Deceased], who passed away on [Date of Death]. My policy number is [Insert Policy Number].

On [Date of Denial Notification], I received a letter indicating that the claim was denied due to [specific reason for denial]. However, I believe this decision requires reconsideration based on the following facts:

- [Briefly state the reasons/arguments for the appeal.]
- [Include any supporting documentation or evidence, e.g., policy details, medical records.]
- [Mention any previous communications, if applicable.]

Given the circumstances, I kindly ask for a thorough review of the provided information and a reconsideration of the coverage for the final expenses incurred. If necessary, I am willing to provide additional documentation or clarification.

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

Sincerely,
[Your Name]