

Claim Submission for Final Expense Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to submit a claim for the final expense coverage for [Name of Deceased], who passed away on [Date of Death]. As the designated beneficiary of the policy with the policy number [Policy Number], I am including all necessary documentation to process this claim.

Enclosed with this letter, you will find the following documents:

- Completed claim form
- Copies of the death certificate
- Proof of my identity and relationship to the deceased
- Any additional documentation required

Please let me know if you require any further information or documents to expedite the claims process. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]