

Final Expense Coverage Confirmation

Date: [Insert Date]

To: [Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are pleased to confirm your final expense coverage as outlined in your policy. This coverage is designed to provide financial support for your funeral and burial expenses.

Policy Details:

- Policy Number: [Insert Policy Number]
- Coverage Amount: \$[Insert Coverage Amount]
- Effective Date: [Insert Effective Date]

Please keep this letter for your records. If you have any questions regarding your coverage, feel free to contact our office at [Insert Contact Number] or email us at [Insert Contact Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]