

Beneficiary Appeal for Reconsideration of Claim Outcome

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Appeal for Reconsideration of Claim Outcome - Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the outcome of my claim (Claim Number: [Insert Claim Number]) regarding [brief description of the claim, e.g., a life insurance policy for my late spouse, John Doe]. On [date of denial], my claim was denied due to [specific reason for denial].

After carefully reviewing the decision, I believe that the denial was made in error due to [brief explanation of why you believe the denial was incorrect, including any relevant facts or circumstances].

Attached are copies of relevant documents, including [list documents, e.g., medical records, policy documents, correspondence related to the claim] that support my appeal and provide further clarification.

I kindly request that you reconsider my claim based on the evidence provided. My family and I greatly depend on this benefit, and I sincerely hope for a favorable resolution.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Relationship to the Deceased/Claimant]