

# Letter for Filing a Claim for Deceased Consumer's Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Benefits of Deceased Consumer - [Deceased's Name]

Dear [Claims Department/Specific Person's Name],

I am writing to file a claim for the benefits of my [relation], [Deceased's Name], who passed away on [Date of Death]. The policy number associated with this claim is [Policy Number].

Enclosed are the necessary documents to support my claim:

- Copy of the death certificate
- Completed claim form
- Policy documents
- [Any other relevant documents]

Please process this claim as soon as possible. I would appreciate any updates you can provide regarding the status of this claim. Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]