

Health Insurance Beneficiary Update Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request to Update Beneficiary Information

Dear [Insurance Company Representative],

I hope this message finds you well. I am writing to formally request an update to the beneficiary information associated with my health insurance policy. My policy number is [Insert Policy Number].

Currently, the beneficiary is listed as [Current Beneficiary Name]. I would like to update the beneficiary information to reflect the following:

New Beneficiary Name: [New Beneficiary Name]

Relationship to Policyholder: [Relationship]

Contact Information: [Phone Number, Email, Address]

Please let me know if you require any additional documentation or information to process this request.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]