

# Request for Premium Payment Deferral

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]

Dear [Insurance Company Name/Representative],

I am writing to formally request a deferral of my premium payments for my policy number [Insert Policy Number]. Due to [briefly state your reason, e.g., financial hardship, unexpected circumstances], I am currently unable to meet my payment obligations.

I sincerely value my policy and wish to maintain my coverage. I kindly ask if it would be possible to defer my upcoming premium payments for [insert duration, e.g., three months] or adjust the payment schedule to accommodate my financial situation.

Thank you for considering my request. I hope to hear from you soon regarding this matter.

Sincerely,

[Your Name]