

# Grievance Regarding Insurance Policy Termination

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Grievance Regarding Termination of Insurance Policy #[Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally express my grievance regarding the termination of my insurance policy #[Policy Number], effective [Termination Date]. I was informed about this termination via [method of communication] on [date of communication], and I believe it was executed without proper justification.

According to my understanding of the terms of the policy and my account history, there are valid reasons for me to contest this decision. [Briefly explain reasons for contesting the termination.]

In light of this information, I kindly request that you review my case and provide a detailed explanation for the termination. Furthermore, I urge you to reconsider your decision and reinstate my policy as it has been an essential part of my financial planning.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at your earliest convenience to discuss this issue further.

Thank you for your consideration.

Sincerely,  
[Your Name]