

Letter of Appeal for Medical Examination Waiver

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Medical Examination Waiver - Policy #[Your Policy Number]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally appeal the requirement for a medical examination in order to process my insurance application for policy #[Your Policy Number].

Due to [briefly explain your reasoning, e.g., age, pre-existing conditions, recent health assessments], I believe that a waiver for this examination would be appropriate. I have attached supporting documents which include [list documents, e.g., recent medical records, doctor's letter].

I believe this information adequately demonstrates my eligibility for the policy without the need for an additional medical examination. I appreciate your understanding and consideration of my request.

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

Sincerely,

[Your Name]