

# Appeal for Insurance Hardship Waiver

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal for a hardship waiver for my insurance policy ([Policy Number]) due to significant medical expenses that have placed a substantial financial burden on my family and me.

Over the past [insert timeframe], I have incurred medical bills totaling [insert amount] for treatments related to [describe medical condition or situation]. Despite my efforts to manage these expenses and maintain my insurance coverage, the financial strain has become overwhelming.

Given my current situation, I respectfully request that you consider my appeal for a hardship waiver, which would provide relief from [specific request, e.g., premium payments, co-pays]. I have attached documentation of my medical bills, proof of income, and any other relevant financial information to support my case.

Thank you for your time and understanding. I look forward to your prompt response regarding my request. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any further information.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP]