

# Justification for Insurance Hardship Exception

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Hardship Exception due to Chronic Illness

Dear [Insurance Adjuster's Name],

I am writing to formally request a hardship exception for my insurance policy [Policy Number] due to the ongoing challenges posed by my chronic illness, [Specify Illness]. My condition significantly impacts my ability to meet the financial obligations associated with my current policy.

Over the past [duration], I have incurred substantial medical expenses including [List relevant treatments, medications, or therapies]. As a result, I am facing economic difficulties that hinder my capacity to maintain my current coverage.

I kindly ask for your understanding and support in reviewing my case for a hardship exception, which would allow me to continue receiving essential medical care without the additional burden of financial strain.

Attached are relevant medical documents and financial statements that substantiate my situation. I appreciate your attention to this matter and look forward to your favorable consideration.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]