

Request for Insurance Hardship Consideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Subject: Request for Hardship Consideration

Dear [Insurance Adjuster's Name],

I am writing to formally request consideration for a hardship review regarding my insurance benefits due to ongoing disability. My policy number is [Insert Policy Number].

Due to my medical condition, I have been facing significant financial challenges, which have made it increasingly difficult to manage my expenses and meet my policy requirements.

I have attached relevant documentation, including medical records and financial statements, that outline my current situation. I kindly ask for your understanding and consideration in assessing my request.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]