

Appeal for Retroactive Life Insurance Benefits

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

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

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of retroactive life insurance benefits for the policy number [Policy Number], which was issued on [Date of Policy Issue]. I was notified of the denial on [Date of Denial Notification], citing [reason for denial]. I respectfully request a reconsideration of my case based on the following points:

- [Point 1: Explain supporting evidence or circumstances]
- [Point 2: Include any additional information or documentation]
- [Point 3: Provide further context or explanation]

I believe this evidence demonstrates my eligibility for the benefits and address the concerns outlined in your denial letter. Please find enclosed additional documentation supporting my appeal for your review.

I appreciate your prompt attention to this matter and look forward to your favorable response. Should you require any further information or documentation, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]