

Request for Retroactive Health Insurance Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name or Customer Service],

I am writing to formally request retroactive health insurance coverage for the period of [start date] to [end date]. Due to [brief explanation of the circumstance, e.g., oversight, misunderstanding, etc.], I was unable to maintain my coverage during this time.

During the requested period, I incurred medical expenses totaling [amount]. I believe that my request is justified based on [any relevant policy details or circumstances that support your case]. I have attached the relevant documentation to assist in processing my request.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]