

Request for Retroactive Travel Insurance Reimbursement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Department/Specific Contact Name],

I am writing to formally request retroactive reimbursement for travel insurance claims related to my policy number [Insert Policy Number]. Due to unforeseen circumstances, I was unable to submit my claims in a timely manner and am seeking your assistance in processing my request.

The details of my trip are as follows:

- **Travel Dates:** [Insert Travel Dates]
- **Destination:** [Insert Destination]
- **Reason for Claim:** [Briefly explain the reason for the claim]

Attached to this letter, you will find all relevant documentation supporting my claim, including receipts, proof of travel, and any other necessary information.

I appreciate your attention to this matter and hope to hear back from you soon regarding the reimbursement process. Should you require any further information, please do not hesitate to contact me at [your phone number] or [your email].

Thank you for your understanding and assistance.

Sincerely,

[Your Name]