

Deductible Reconsideration Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claim Adjuster's Name],

Re: Request for Deductible Reconsideration - Policy Number: [Your Policy Number]

I am writing to formally request a reconsideration of my insurance deductible due to significant financial hardship. Due to [briefly explain the reason for financial hardship such as job loss, medical bills, etc.], I am currently facing difficulties that make it challenging to meet the deductible for my policy.

The circumstances surrounding my situation have greatly impacted my financial stability. I am seeking your compassion and understanding in this matter and would like to request a reduction or waiver of the deductible associated with my policy. This would provide me with the necessary relief during this difficult time.

Attached are documents that outline my situation, including [list any documents such as pay stubs, bills, or letters from employers]. I appreciate your attention to my request and hope for a favorable consideration.

Thank you for your understanding. I look forward to your prompt response.

Sincerely,

[Your Name]