

Critical Illness Insurance Claim Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Critical Illness Insurance Claim

Dear [Insurance Company Representative's Name],

I am writing to formally request the processing of my critical illness insurance claim, as outlined in my policy #[Policy Number]. I was diagnosed with [specific illness] on [diagnosis date], which qualifies for coverage under my policy.

Enclosed with this letter are the necessary documents to support my claim, including:

- Medical diagnosis documentation
- Policy contract copy
- Any additional forms as required by your office

I would appreciate your prompt attention to this matter and look forward to your response confirming receipt of my claim. Should you require any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]