Formal Request for Policy Rider Inclusion

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this communication finds you well. I am writing to formally request the inclusion of a policy rider to my existing insurance policy [Policy Number], which was issued on [Issuance Date].

The specific rider I would like to include is [Specify Rider, e.g., Accidental Death Benefit, Critical Illness Rider]. I believe that this addition will provide me with enhanced coverage and peace of mind.

Please let me know the necessary steps to initiate this request, including any additional information or documentation you may require from my side. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]