

Letter of Appeal for Urgent Temporary Insurance Extension

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert Your City, State, Zip]

Your Email: [Insert Your Email]

Your Phone Number: [Insert Your Phone Number]

To Whom It May Concern,

I am writing to formally request an urgent temporary extension of my insurance policy, which is set to expire on [Insert Expiration Date]. Due to [briefly explain reason, e.g., unexpected financial hardships, ongoing medical treatments, etc.], I am unable to secure a new policy at this time.

My policy number is [Insert Policy Number], and I have always been a responsible and timely payer of premiums. I am committed to maintaining my coverage and would greatly appreciate your understanding and support during this challenging time.

Thank you for considering my request. I hope to hear back from you soon regarding this urgent matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]