

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Subject: Appeal for Denied Life Insurance Claim - Policy Number: [Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my life insurance claim (Claim Number: [Claim Number]) for the policy held with your company, dated [Policy Start Date]. The claim was denied on [Denial Date] based on [briefly mention the reason provided for denial].

Upon reviewing the information and the circumstances surrounding the claim, I believe that the denial was made in error due to [briefly explain your reasons and any supporting evidence you have]. I have attached relevant documents including [list documents such as medical records, policy details, etc.] to support my appeal.

I respectfully request a thorough review of the claim, taking into consideration the attached supporting evidence. I believe that the policy benefits are rightly owed to [mention the beneficiary's name or your relationship to the insured].

Thank you for your prompt attention to this matter. I look forward to your favorable response. Please contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]