

# Health Insurance Policy Underwriting Rejection

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Address: [Insert Applicant Address]

Dear [Applicant Name],

We regret to inform you that your application for health insurance coverage, submitted on [Insert Submission Date], has been reviewed and does not meet our underwriting guidelines.

After careful consideration of the information provided, as well as any medical history and risk factors assessed, we are unable to offer you a policy at this time. This decision was based on [insert reasons for rejection, e.g., pre-existing conditions, medical history].

We appreciate your interest in our insurance services and encourage you to consider other options that may be available to you. If you have any questions or would like to discuss this decision, please contact our underwriting department at [Insert Phone Number] or [Insert Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]